

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Howard Anderson				CERTIFICATE OF DEATH			
Died at	Town	County		MARYLAND			
Date of death	Month	Day	Years	Months	Days		
1908 Oct	23	—	—	3	7		
Sex	Male	Color or Race	White	Birth-place			
Occupation	None	Where Residing if not at place of death			—		

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Howard Anderson

Father's Birthplace

Boston

Mother's Maiden Name

Jane Coadell

Mother's Birthplace

Baltimore

Name of person giving information

Howard Anderson

How related to deceased

Father

CAUSES OF DEATH

71

How long

Primary

How long

Immediate

Convulsions

Suddenly

Are the name, age, sex, color, date and place correctly given above?

yes

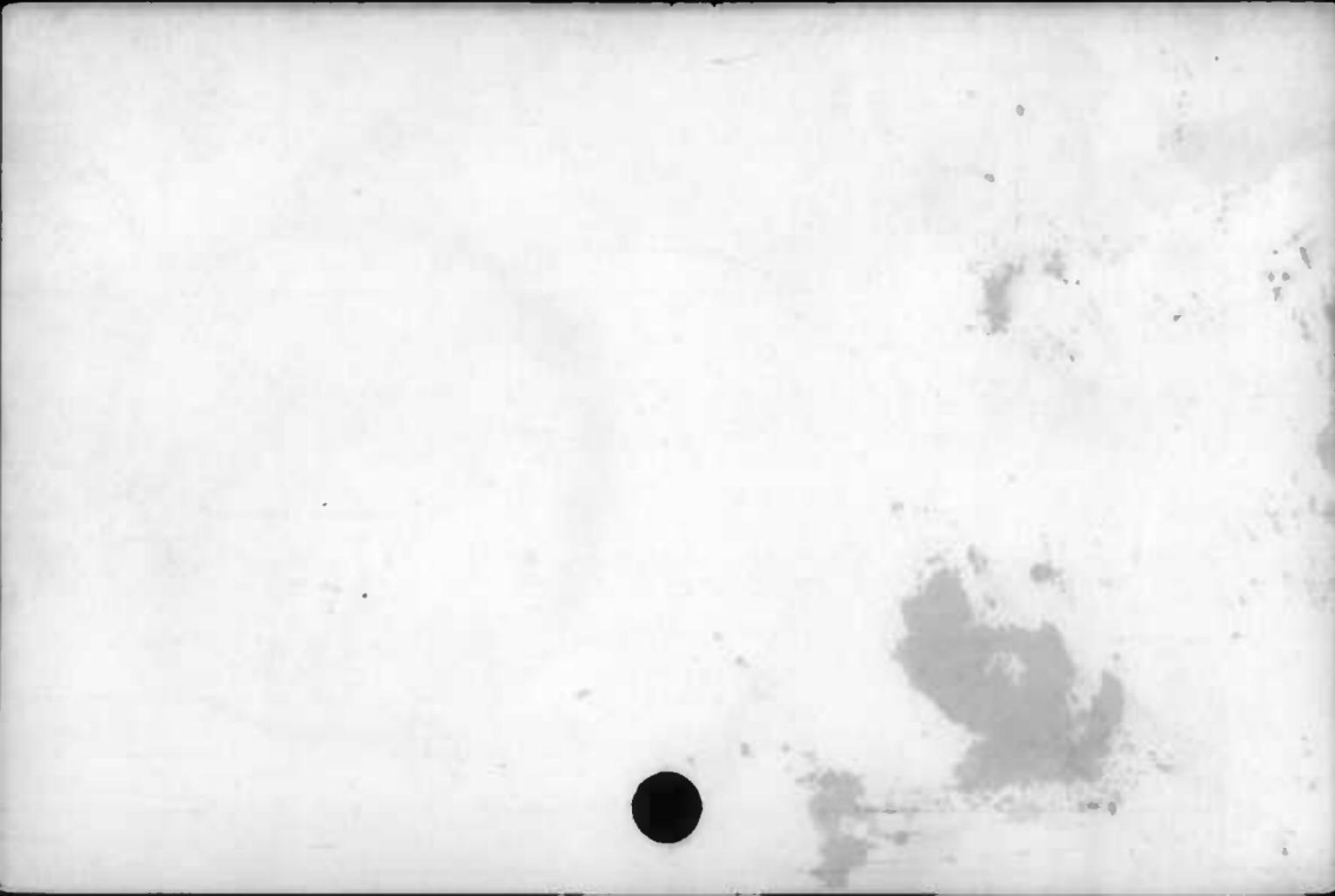
Signature of Physician

Address

W. Skilling 715
Lonaconing

Accident or Suicide?

no



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Bennie May Webster Athey

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1908 Oct	Month	Day	Years	Month	Days	
Sax	Female	Color or Race	Allegany				
Occupation	House keeper	Where Residing if not at place of death		Cumberland			
Married, Single or Widowed	Divorced	Name of Wife or Husband	Charles A. Barker				
Father's Name	Charles Mussecker			Allegany Co.			
Mother's Maiden Name	Hannie Athey			Allegany Co.			
Name of person giving Information	Mary Athey			Mitral.			

CAUSES OF DEATH

79

Primary

Mitral insufficiency

How long

3 years.

Immediate

Emphysema

How long

1 hour

Are the name, age, sex, color, date and place correctly given above?

Steve

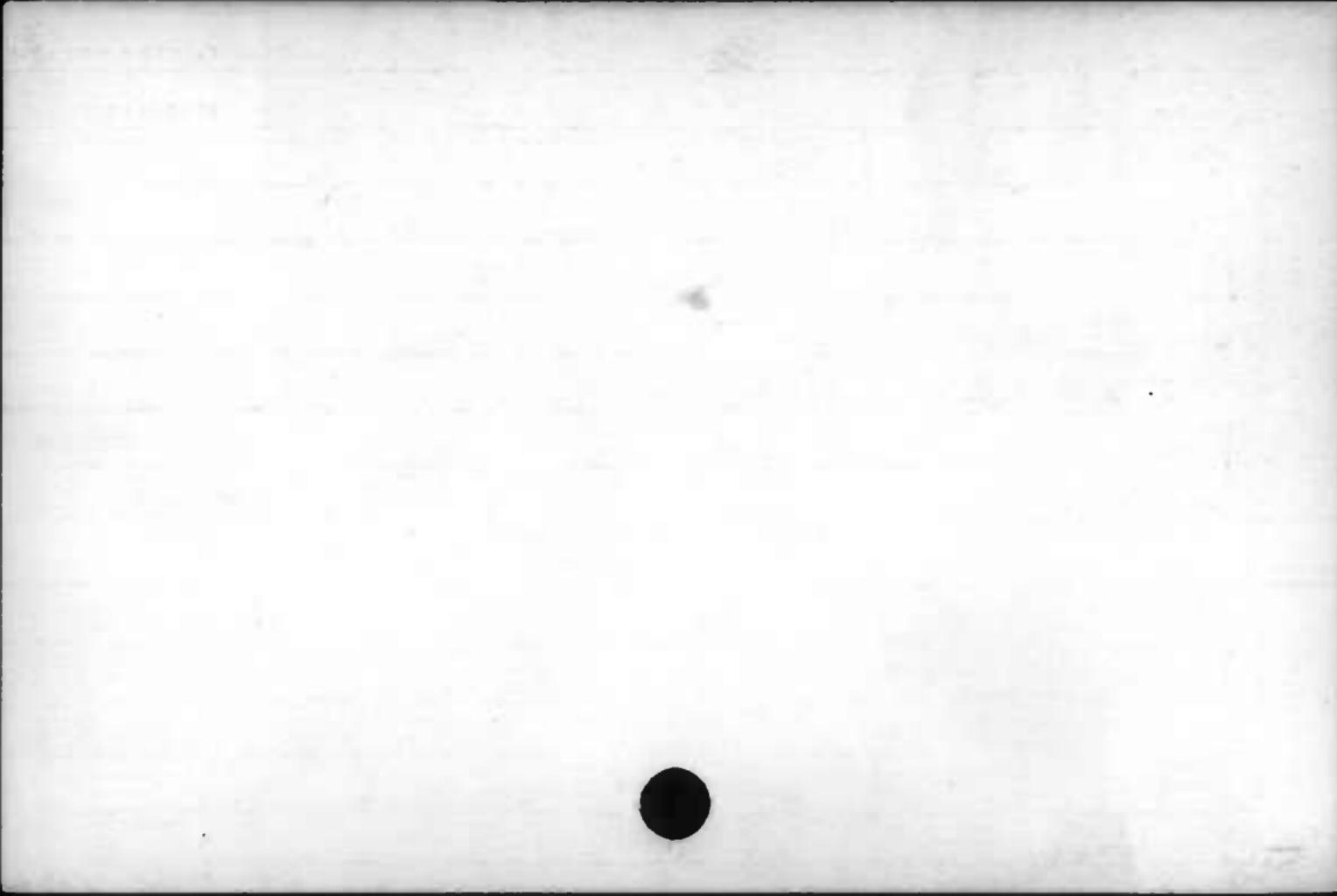
yes

Signature of Physician

Address

William R. Fowles, Jr.
116 Main Ave. Cumberland

Accident or Suicide



Name
in
Full

Sarah Beale

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town <u>Cumberland</u>	County	MARYLAND			
Date of death	1908	Month <u>Oct</u>	Day <u>15</u>	Years <u>52</u>	Months <u>4</u>	Days <u>17</u>
Sex	<u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Pa.</u>			
Occupation	<u>Housewife</u>					
Married, Single or Widowed	<u>Married</u>	Name of Husband <u>Emanuel Beale</u>	Where Residing if not at place of death			
Father's Name	<u>Hannah Beale</u>					
Mother's Maiden Name	<u>Mary Livingston</u>					
Name of person giving information	<u>Sarah Beale</u>					
Father's Birthplace	<u>Pa</u>					
Mother's Birthplace	<u>Pa</u>					
How related to deceased	<u>Daughter</u>					

CAUSES OF DEATH

119

How long

1 week

How long

1 day

PHYSICIAN
OR CORONER

Primary

Septicemia

Immediate

Convulsions

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

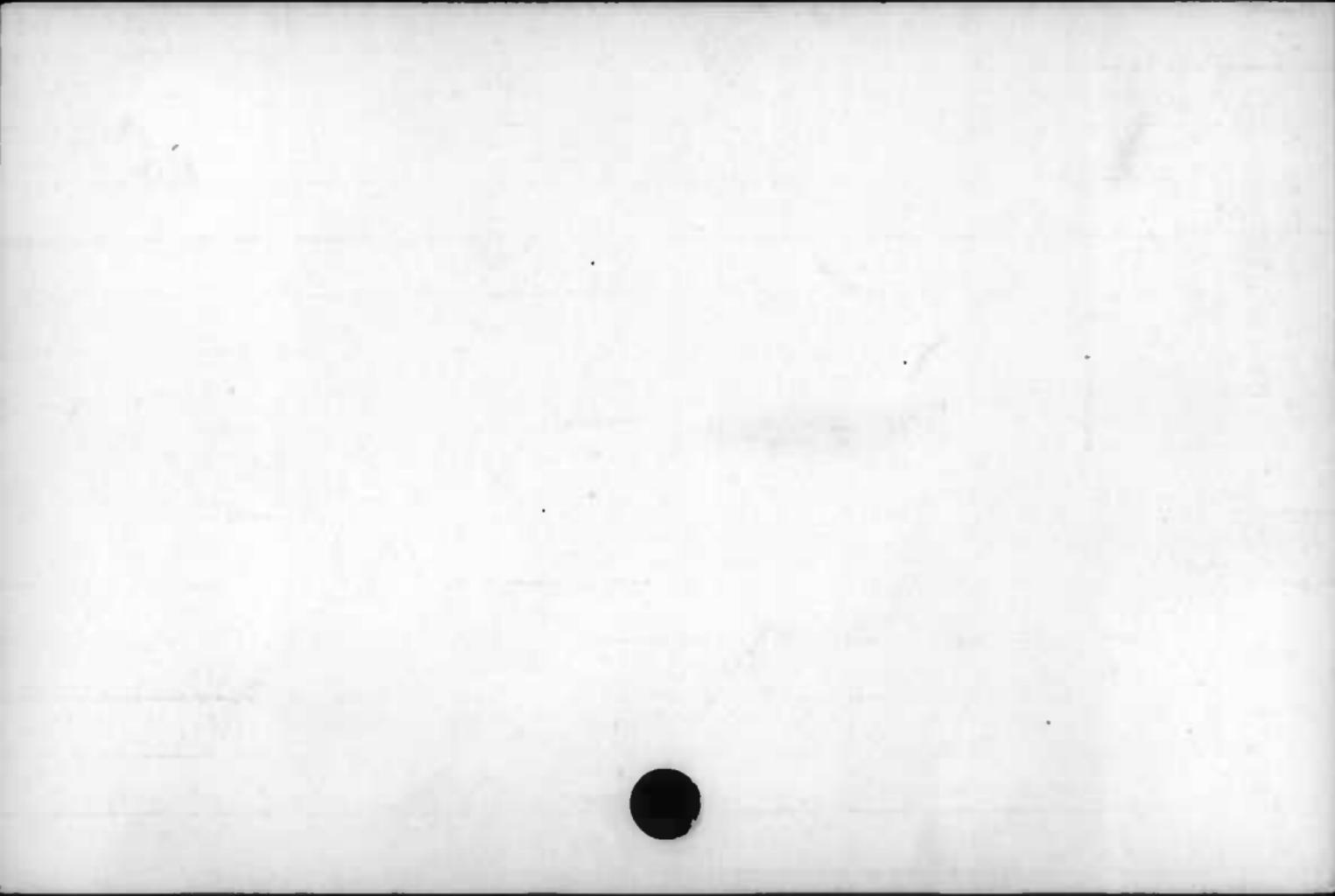
Address

Dr. L. Broadhurst

Cumberland

Eckhardt, Md

Accident or Suicide? No.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Mrs Mary Bevans

County

MARYLAND

Town

Died at Barton

Allegany

Date

Month

Day

Years

of death 1908

Oct

17th

Age 74

Months

2

Days

—

Sex

Color or
Race

white

Birth-
place

Paw Paw, W. Va

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

widow

Name of Wife or
Husband

Ambrose Bevans

Father's
Name

Angus Mac Donald,

Father's
Birthplace

Scotland.

Mother's
Maiden Name

Sarah Mac Atee,

Mother's
Birthplace

Don't know

Name of person giving
Information

Mrs Eliza M. Logsdon

How related
to deceased

Her daughter

CAUSES OF DEATH

154

Primary

General Debility ex

How long

short

Immediate

Uremia —

How long

one year

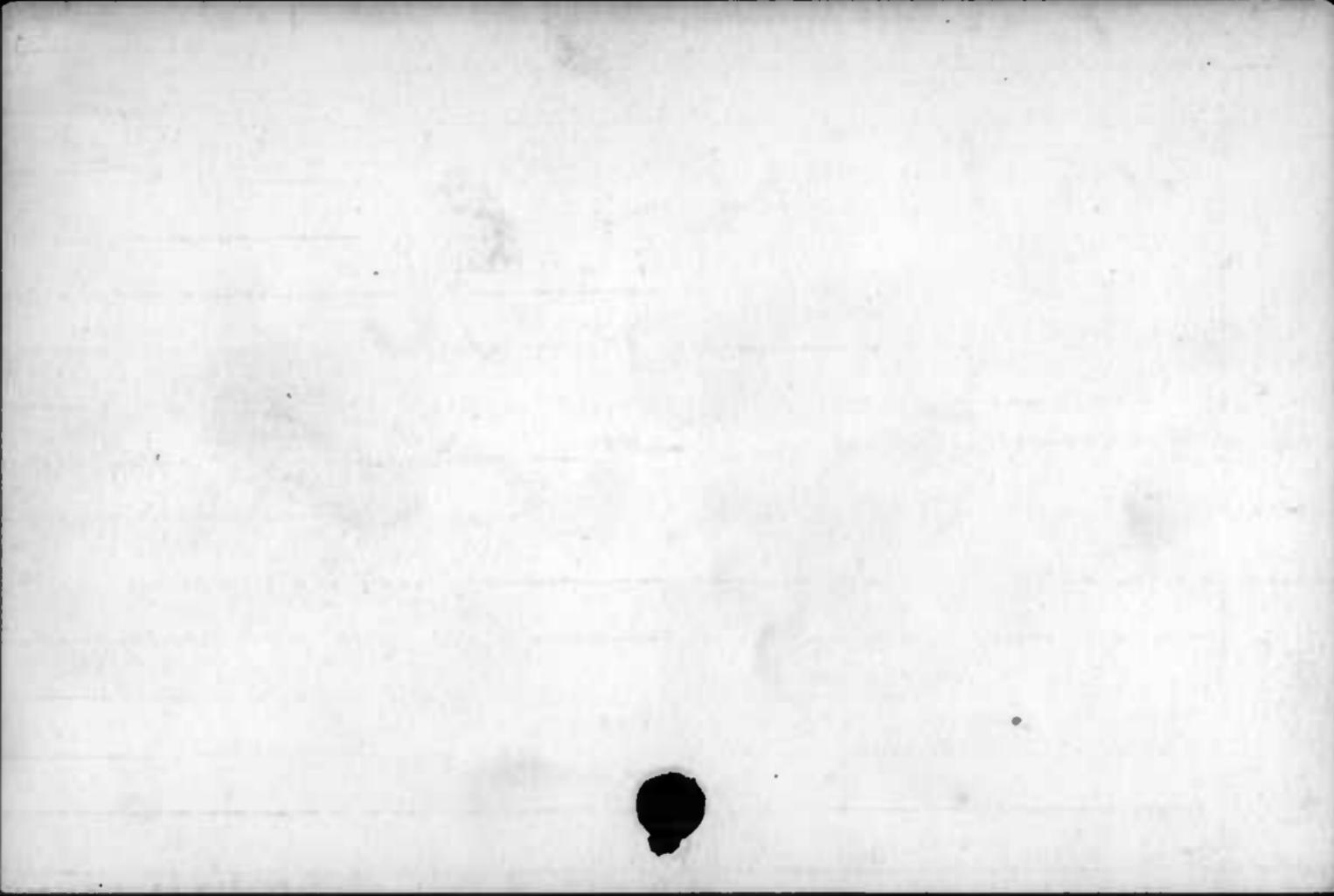
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J. H. Gann
Barton, Md.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at	Town	John Francis Blurbough	County	MARYLAND	
Date of death 190	Month	Oct	Age	Years	Months
Sex	Color or Race	W.	Birth-place	Days	9
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Lee Blurbough				
Mother's Maiden Name	Sarah Amy Bennett				
Name of person giving information	Lee Blurbough				

CAUSES OF DEATH

19

How long

How long

PHYSICIAN
OR CORONER

Primary

Ellio-Colitis

4 months

Immediate

Chicken-pox

2 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Bafer
Ally. C.

Name
in
Full

Casper Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Near Cumberland			alleg				
Date of death	1908	Month Oct.	Day 5	Years 42	Months 4	Days 14	
Sex	Male	Color or Race	White		Birthplace	Md	
Occupation	Carpenter		Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Jennie Stewart		Father's Birthplace	Md	
Father's Name	Jacob Brown		Mother's Birthplace			Germany	
Mother's Maiden Name	Helena Hobell		How related to deceased			wife	
Name of person giving Information	Jennie Brown						

CAUSES OF DEATH

39

Primary

Cancer of lower jaw

How long

1 year

Immediate

Exhaustion

How long
1 month

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

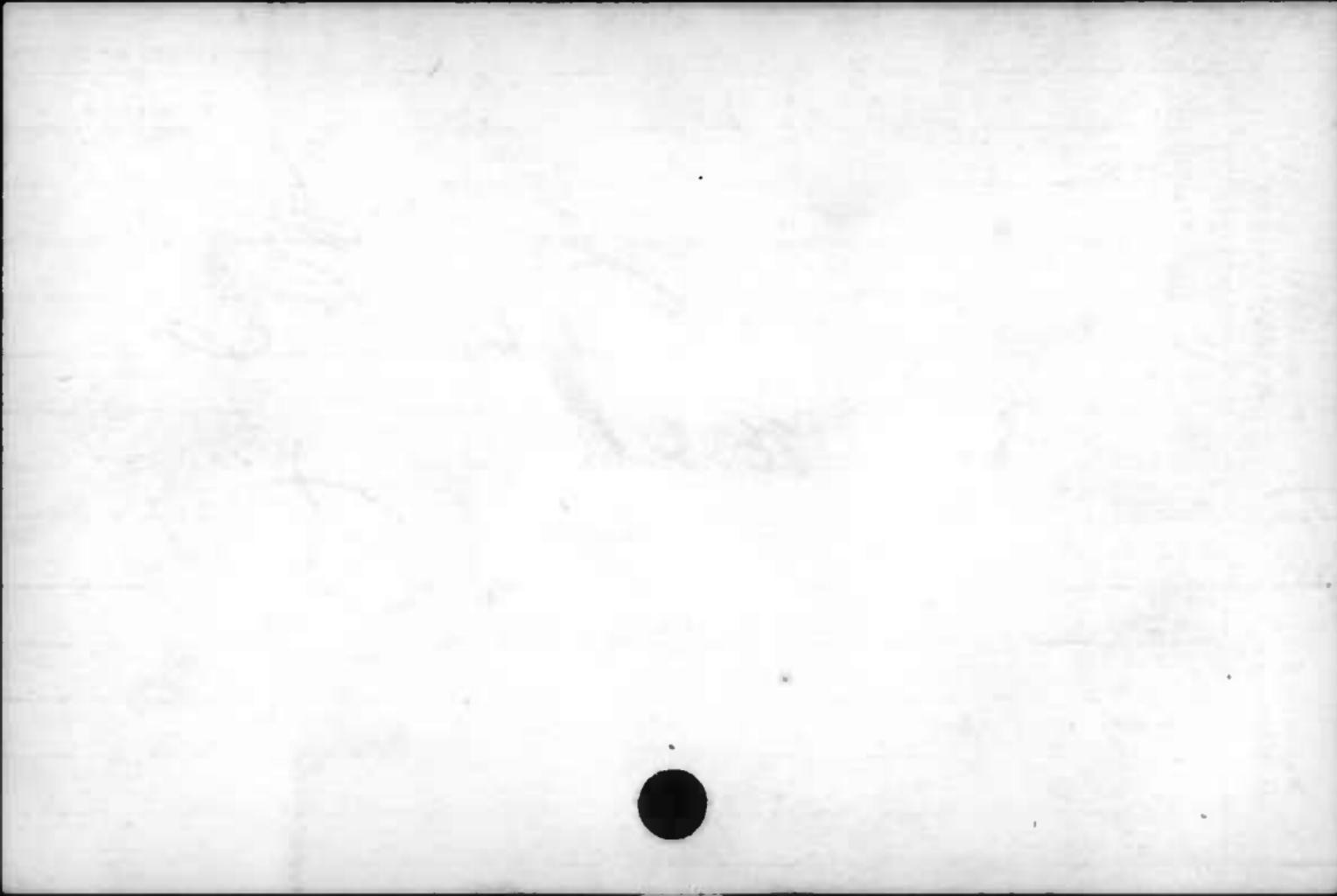
Address

W.R. Hodges M.D.
Cumberland, Md.

PHYSICIAN
OR CORONER

Accident or Suicide

Scars



Name
in
Full

Arusa Colburn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Cumberland		Alley.				
Date of death	1908	Month Oct	Day 28	Age 28	Years	Month
Sex	Female	Color or Race	Colored	Birth-place	Wa.	Days
Occupation	Cook	Where Residing if not at place of death			La Vale near Cumbd.	
Married, Single or Widowed	Single.	Name of Wife or Husband	None			
Father's Name	Do not know			Father's Birthplace	D. N. R.	
Mother's Maiden Name	"	"	"	Mother's Birthplace	" " "	
Name of person giving information	Mrs. J. C. Orinch			How related to deceased	None	

CAUSES OF DEATH

Primary

Gun shot wound
shot through left lung lived 4 hrs

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

166

How long

How long

Accident or

Melja. Va

Name
in
Full

Walter E. Counts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1908	Month Oct	Day 17	Age	Months 9	Days
Sex	Male	Color or Race	White	Birth-place	Md	
Occupation	None	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband	None			
Father's Name	Andrew Counts				Father's Birthplace	Ohio
Mother's Maiden Name	Borg May Thompson				Mother's Birthplace	Ida
Name of person giving Information	Andrew Counts				How related to deceased	Father

CAUSES OF DEATH

179

How long

2 days

How long

Asst. T. Jackson
Dr. D. S. Johnson

PHYSICIAN
OR CORONER

Primary

Murasinus,
Exhaustion

Immediate

Signature of
Physician

Address

Are the name, age, sex, color, date
and place correctly given above?

Yes

Rose Hill Cem.

Accident or Suicide

287 $\frac{1}{2}$ 2nd ave

34

Name
in
Full

Alice M. Dawson

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1908	Month Oct.	Day	18	Year	18
Sex	Female	Color or Race	white	Birth-place	Barton, Md.	
Occupation	Where Residing if not at place of death					Midland, Md.
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	George Dawson		Father's Birthplace	Barton, Md.		
Mother's Maiden Name	Elinora Wilson		Mother's Birthplace	Middlethai		
Name of person giving information	George Dawson		How related to deceased	Father		

CAUSES OF DEATH

34

Primary	Rickets	
Immediate	General Tuberculosis	
Are the name, age, sex, color, date and place correctly given above?		
yes		
Signature of Physician		
Address		
Accident or Suicide?		

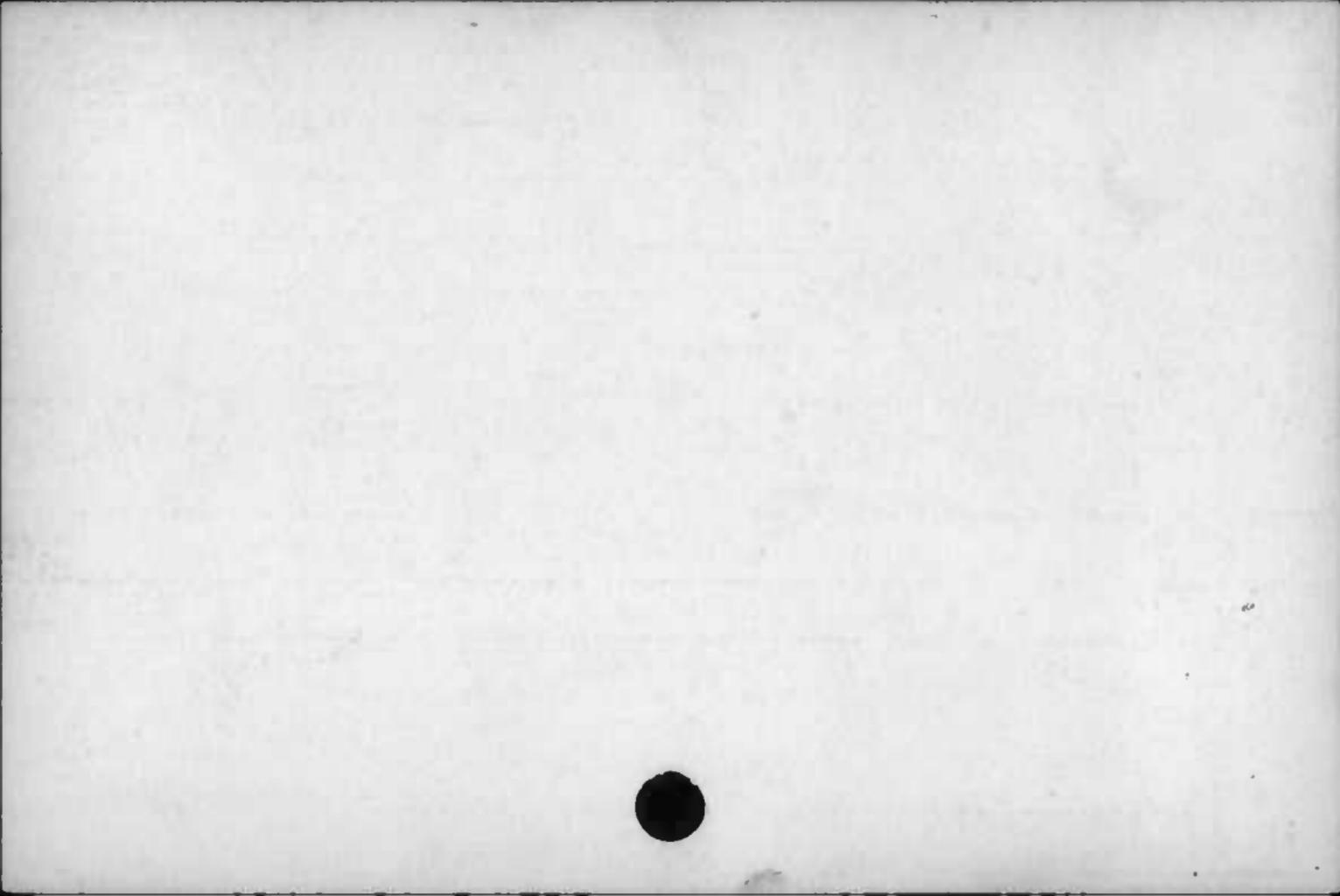
F. P. O'Neil

Midland,

Md.

PHYSICIAN
OR CORONER





Name
in
Full

Cliff Elliott

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	Oct	7	3		18
Sex	Male	Color or Race	White	Birth-place	Mount Savage
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband	Eckhardt		
Father's Name	Frank T Elliott				
Mother's Maiden Name	Matt Pleasant				
Name of person giving information	Cliff Elliott				

CAUSES OF DEATH

145

Primary Marasmus indefinite
Immediate Sepsis from Impetigo 3 MRS

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J C Holdsworth
Eckhardt Miners
Md

PHYSICIAN
OR CORONER

Accident or Suicide?

Haber.

Mt. Savage Com.

Name
in
Full

James Robert Fishell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cumberland Town Allegany County
Date of death 1908 Month 10 Day 23 Age 4 Month 4 Day 22

MARYLAND

Sax Male Color or Race White Birth-place Cumberland
Occupation -

Where Residing if not
at place of death

Married, Single
or Widowed Sing Name of Wife or
Husband -

Father's Name William Fishell

Father's Birthplace Ferdinand Co

Mother's Maiden Name Jessie Brummitt

Mother's Birthplace Baltimore

Name of person giving
Information William Fishell

How related
to deceased Father

CAUSES OF DEATH

105

Primary Enteritis

How long

two weeks

Immediate 7 Houston

How long

few days

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

F. A. Fochman

Address

Cumberland, Md.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

infant - Garger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Barringtonville			Calverton				
Date of death	1908	Month Oct.	Day 10	Years	Months	Days	
Sex	Male	Color or Race	White	Birth-place	Barringtonville		
Occupation	None	Where Residing if not at place of death					
Married, Single or Widowed	—	Name of Wife or Husband	—			Father's Birthplace	
Father's Name	Henry Garger	—			Pa.		
Mother's Maiden Name	Katie Nickel	—			Md.		
Name of person giving Information	Henry Nickel	—			Grandfather		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Steelburn

(S)

How long

Immediate

—

How long

Are the name, age, sex, color, date and place correctly given above?

je

Signature of Physician

Address

John Smith
Delaware Md

Accident or Suicide

Name
in
Full

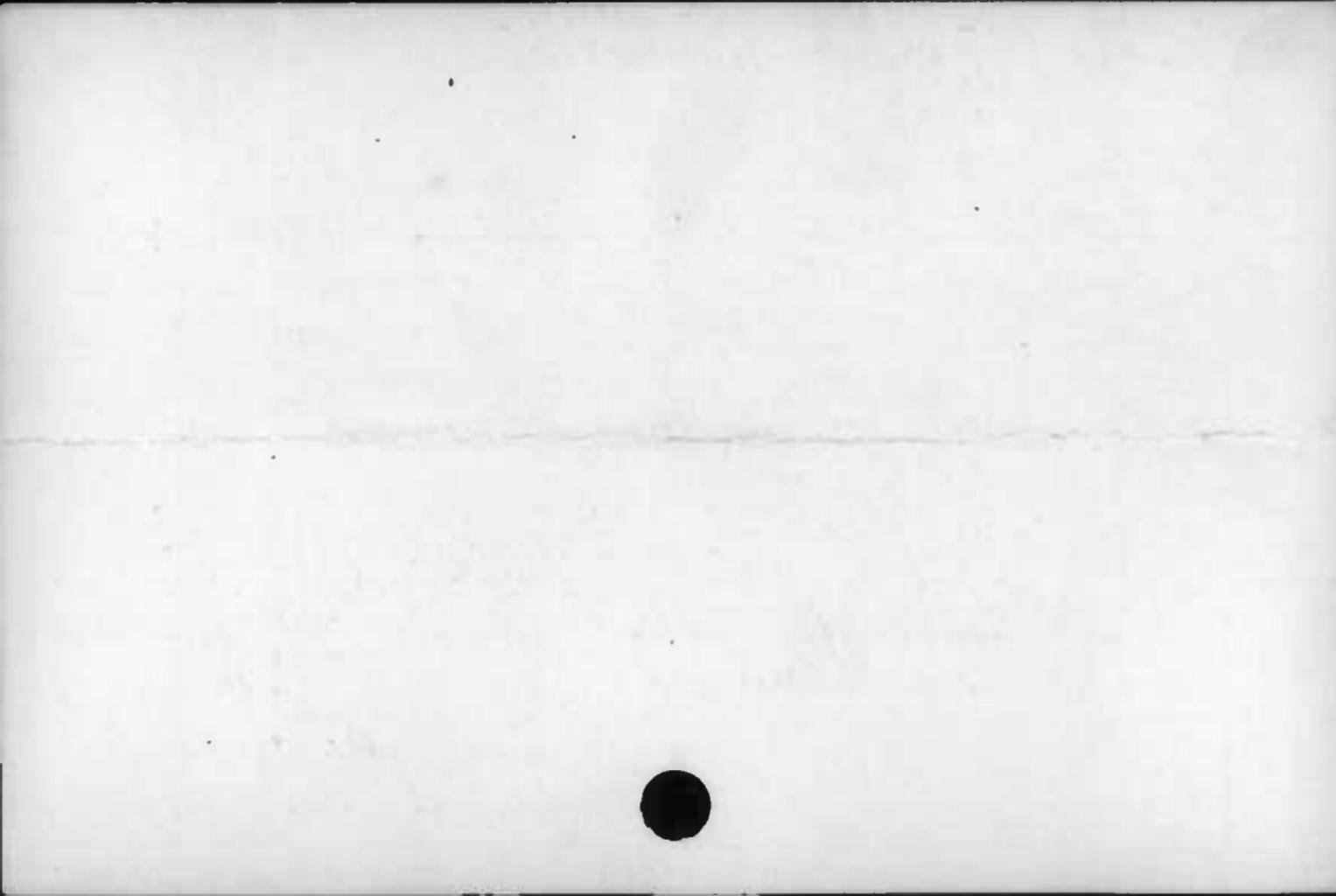
To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Died at <u>Frostburg</u> Town		County <u>Allegany</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>10</u>	Day <u>3</u>	Age <u>9</u>	Years	Months <u>2</u>	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birthplace <u>Frostburg</u>				
Occupation <u>School Girl</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband					
Father's Name <u>Mrs. Geis</u>	Father's Birthplace <u>Frostburg</u>					
Mother's Maiden Name <u>Julia Laff</u>	Mother's Birthplace <u>Frostburg</u>					
Name of person giving information <u>John Geis</u>	How related to deceased <u>Brother</u>					
CAUSES OF DEATH						
Primary <u>Bright's disease</u>	How long <u>About 2 weeks</u>					
Immediate <u>Armenia</u>	How long <u>3 days</u>					
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. Colber</u>					
	Address <u>Frostburg</u>					
Accident or Suicide? <u>No</u>						

119



Name
in
Full

Jefferson Hoover

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at		Cumberland	allegany			
Date of death	Month	Day	Age	Years	Month	Days
1908	Oct	2	59			
Sex	in	Color or Race	white	Birth-place	Md.	
Occupation	Farmer					
Married, Single or Widowed	in	Name of Wife or Husband	D.K.			
Father's Name	D.K.					
Mother's Maiden Name	D.K.					
Name of person giving information	His Physician Dr Brown					

108

How long

Primary

Intestinal Obstruction, Work

Immediate

Intestinal obstruction no Operation, "

How long

Are the name, age, sex, color, date and place correctly given above?

Yes,

Signature of Physician

Address

A.H. Hawley for Dr Brown
Cumberland, Maryland

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Isabelle Hünibronson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town County MARYLAND

Died at Cumberland Allegany

Date of death 1908 Month Oct. Day 20 Age 29 Months . Days .

Sex Female Color or Race White Birth-place Lonaconing

Occupation Wife Where Residing if not at place of death —

Married, Single or Widowed Married Name of Husband Gaegle Hünibronson

Father's Name Andrew Bogie Father's Birthplace Scotland

Mother's Maiden Name Agnes Orr Mother's Birthplace Scotland

Name of person giving Information Gaegle Hünibronson How related to deceased Husband

CAUSES OF DEATH

Primary

Typhoid fever: (Hemorrhaging)

1

How long

5 weeks

Immediate

4 hours

days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

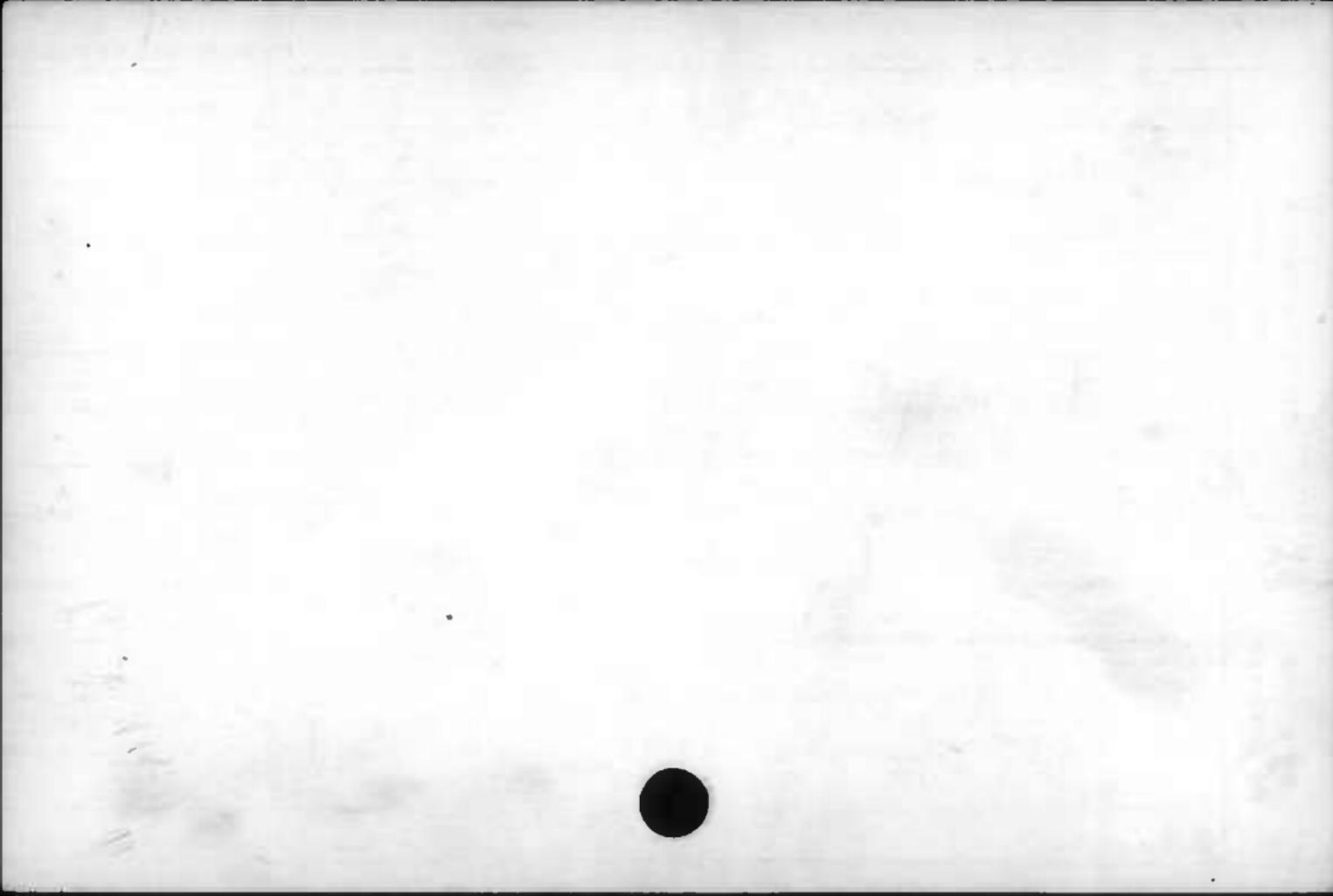
J.W. Lockman

Address

Cumberland
Md.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Ira Cathrine Henney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland	County Alleg.	MARYLAND		
Date of death	1908	Month Oct	Day 20	Years —	Months 7	Days 11
Sex	Female	Color or Race	White.	Birth- place		
Occupation	None			Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband		Emmwood		
Father's Name	Geo W Henney			Father's Birthplace		
Mother's Maiden Name	Iya Fished.			Mother's Birthplace		
Name of person giving Information	Geo. W. Henney			How related to deceased		

CAUSES OF DEATH

Primary

Pneumonia

93

How long

5 days

Immediate

Pneumonia

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

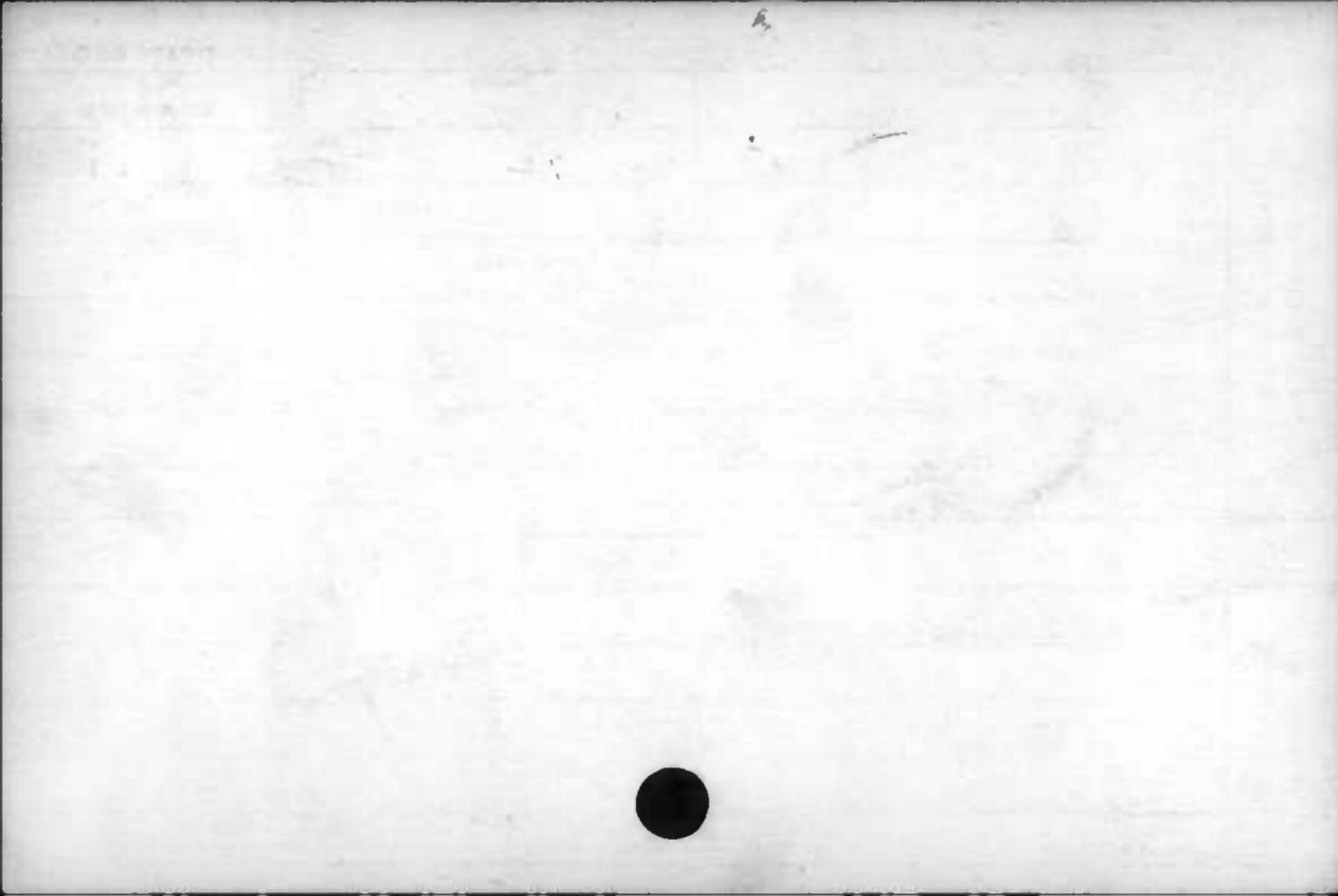
Address

H. H. Harris MD
29 St. Mecham's
Cumberland

PHYSICIAN
OR CORONER

Accident or Suicide





Courtney John Franklin Kyle.

CERTIFICATE OF DEATH

Died at Barton Town

County

MARYLAND

Date of death 1908 Month OctDay 27Years —Days 23Age —Months —Sex Male

Color or Race

White

Birthplace

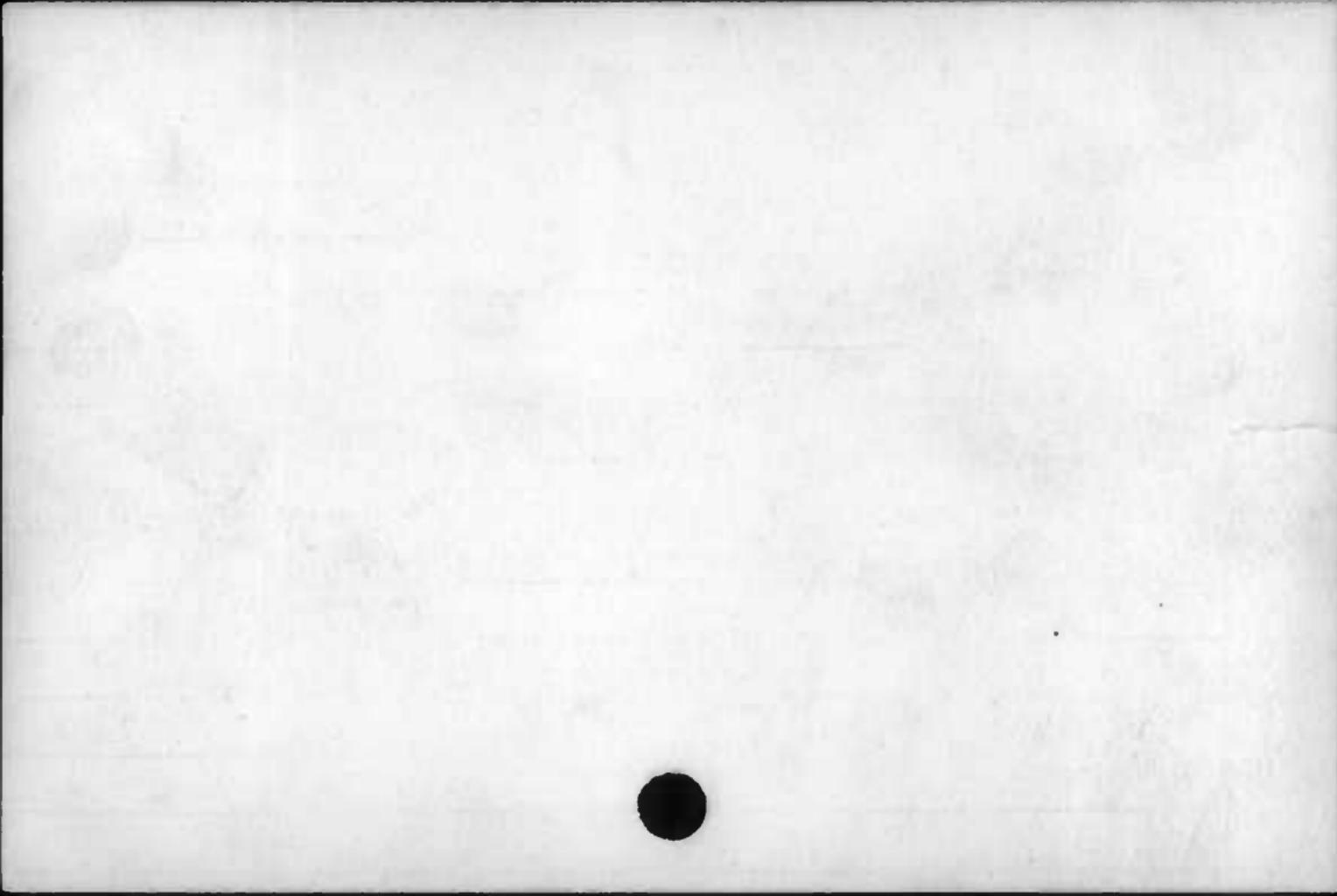
Barton Md.Occupation —Where Residing if not
at place of death —Married, Single
or Widowed —Name of Wife or
Husband —Father's Name Harry KyleFather's Birthplace BartonMother's Maiden Name Rachael GreenhornMother's Birthplace BartonName of person giving
Information Harry KyleHow related
to deceased Father

CAUSES OF DEATH

151

How long —How long —Primary EmphysemaImmediate —Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician J. H. McGaughAddress Barton Md.

Accident or Suicide?



Name
in
Full

Frederick Laing

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Cumberland			Alleg.				
Date of death	1908	Month Oct.	Day 19	Years 56	Months 9	Days 5	
Sex	Male	Color or Race	White.		Birth-place	alleg.	
Occupation	car Inspector		Where Residing if not at place of death		Near Cumberland		
Married, Single or Widowed	Married	Name of Wife or Husband	Catharine Laing		Father's Birthplace	Germany	
Father's Name	Francis Laing				Mother's Birthplace	Germany	
Mother's Maiden Name	Amie M. Smeijers				How related to deceased	daughter	
Name of person giving Information	Mary E. Laing						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Appendicitis

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Stew

Signature of Physician

Address

118

How long

8 days

How long

Same day

Frederick
Cumberland Md

Accident or Suicide

1908
51
57

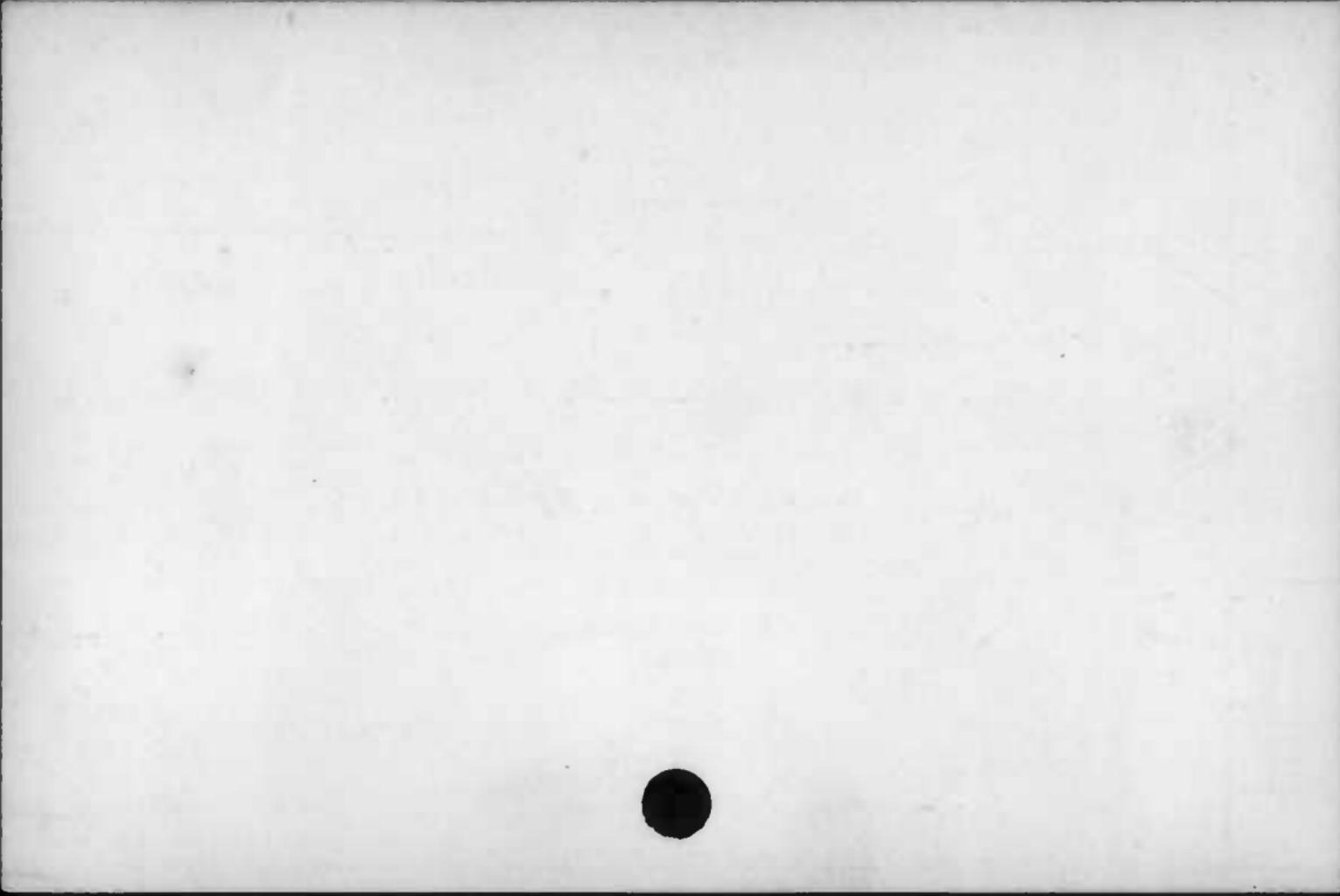
1-6- 9. 5

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Okey Lease						CERTIFICATE OF DEATH		
Died at	Bur	Town	Allegany	County	MARYLAND			
Date of death	1908	Month Oct	9	Day	Years 83	Age	Months	Days
Sex	Male	Color or Race	White	Birth-place	Virginia			
Occupation	Farmer		Where Residing if not at place of death		West Virginia			
Married, Single or Widowed	Widower	Name of Wife or Husband	Martha					
Father's Name	unknown		Father's Birthplace		unknown			
Mother's Maiden Name	Stephens		Mother's Birthplace					
Name of person giving information	Rubin Lease		How related to deceased		Nephew			
CAUSES OF DEATH						154		
Primary	Old age		How long		8 days			
Immediate	Stephens		How long		5 days			
Are the name, age, sex, color, date and place correctly given above?	YES	Signature of Physician	Address		H. Grace M. S.			
Accident or Suicide?	No		Cause of death		Old age			



Name
in
Full

Elizabeth Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	3	20	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	James Lewis				
Mother's Maiden Name	Margaret Thomas				
Name of person giving information	James Lewis				

PHYSICIAN
OR CORONER

Primary

Fatal Burns (Match) 167

How long

10 hours

Immediate

Shock

How long

" "

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

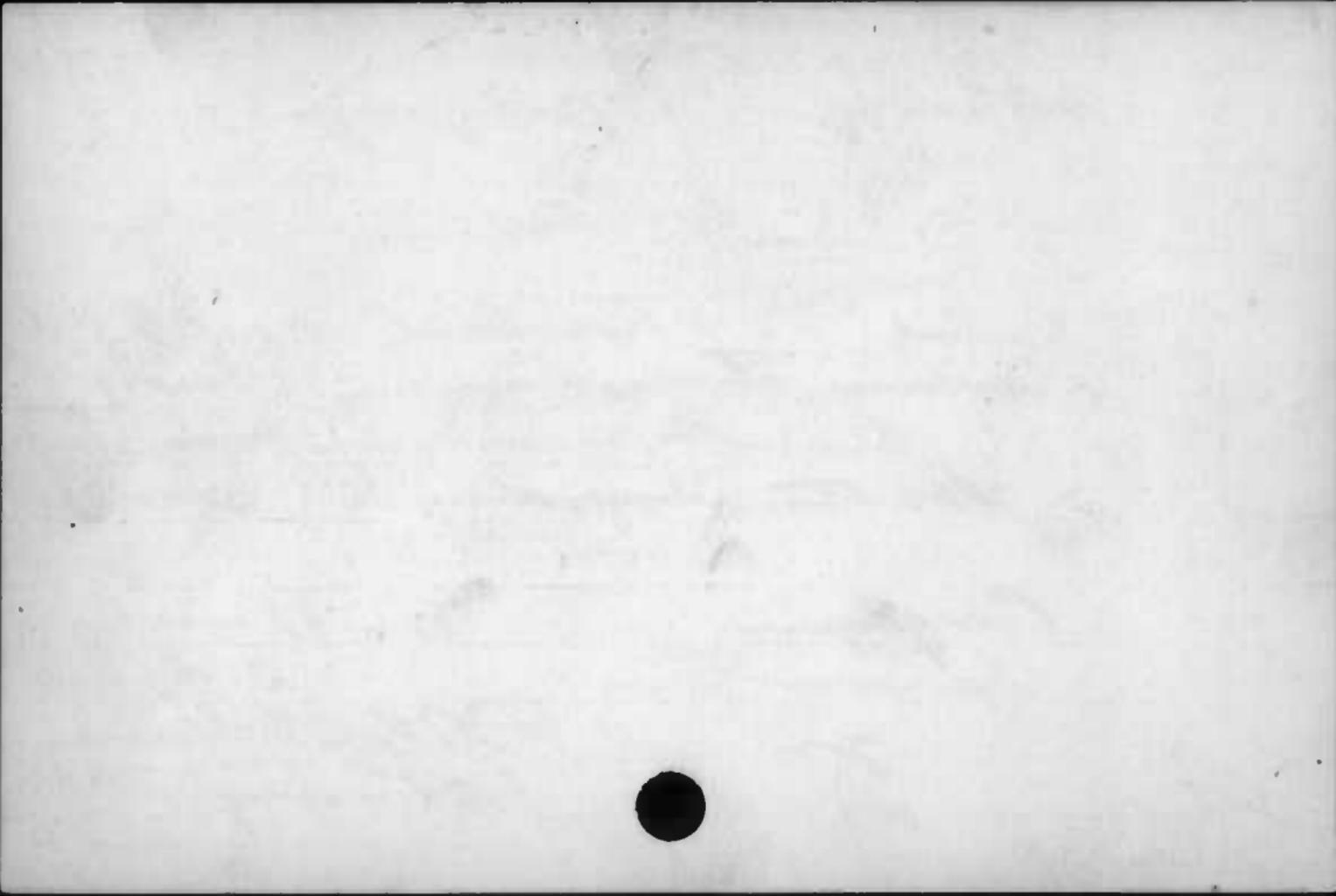
Address

Dr. A.R. Walker

Frostburg, Md.

Accident or Suicide?

accident



Name
in
Full

Anthony Logsdon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Rachael Foulke			
Father's Name	Jairus Logsdon	Father's Birthplace			
Mother's Maiden-Name	Don't know	Mother's Birthplace			
Name of person giving information	Walter Logsdon	How related to deceased			

CAUSES OF DEATH

66

How long

1 week

3 days

Primary

Parglysin
+
Ephant

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

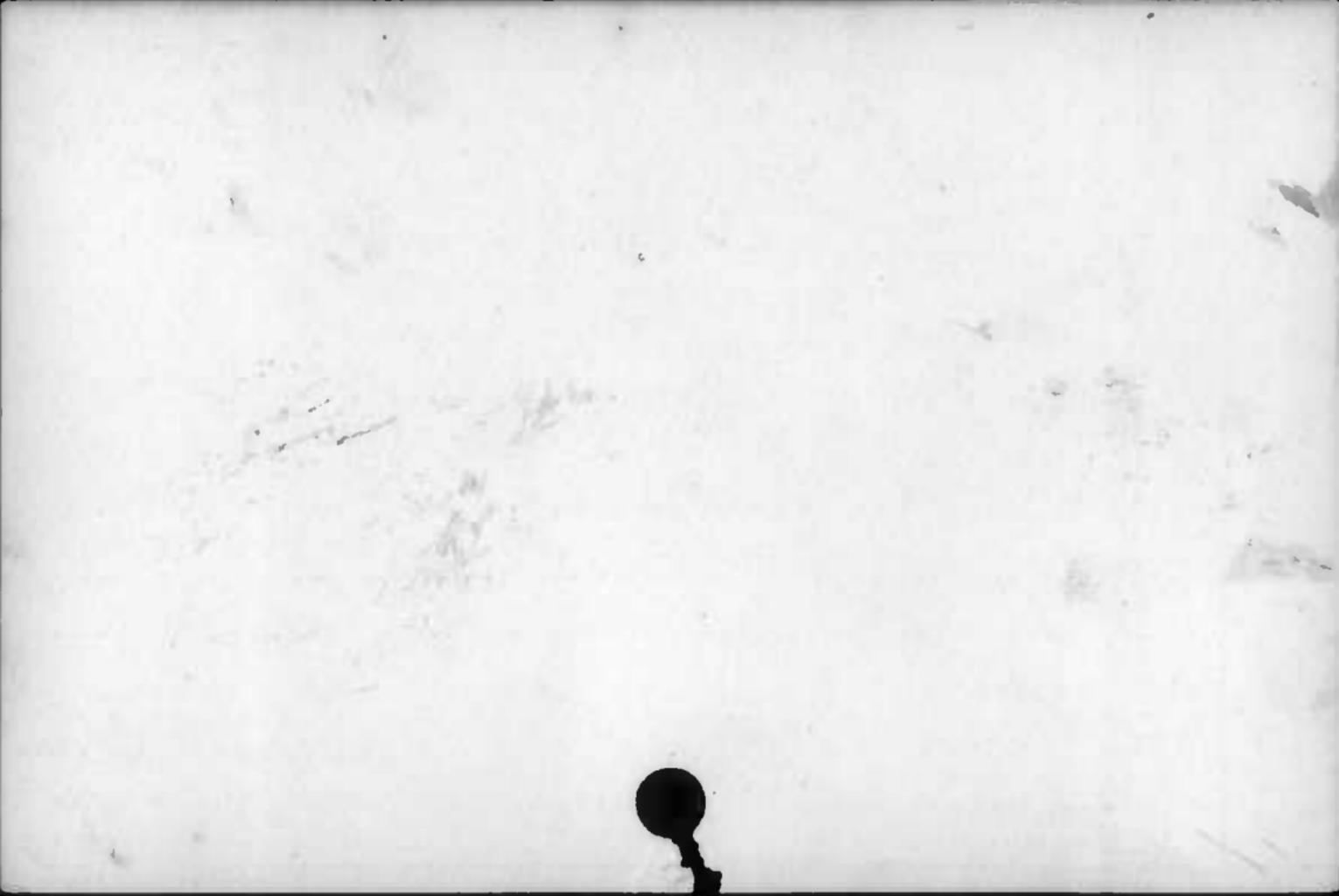
Signature of Physician

Address

F. Alan G. Munney
445 Savoy
MD

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Caroline Lutskovski

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>So Cumberland</u>		Town <u>Town</u>		County <u>Allegany</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Oct</u>	Day <u>11</u>	Age <u>64</u>	Years <u>64</u>	Months <u>9</u>	Days <u>17</u>	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Germany</u>					
Occupation <u>retired</u>	Where Residing if not at place of death <u>Charles Lutskovski</u>						
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Charles Lutskovski</u>						
Father's Name <u>unknown</u>	Father's Birthplace <u>Poland</u>						
Mother's Maiden Name <u>unknown</u>	Mother's Birthplace <u>Poland</u>						
Name of person giving information <u>Angela Frost</u>	How related to deceased <u>Son</u>						

CAUSES OF DEATH

106

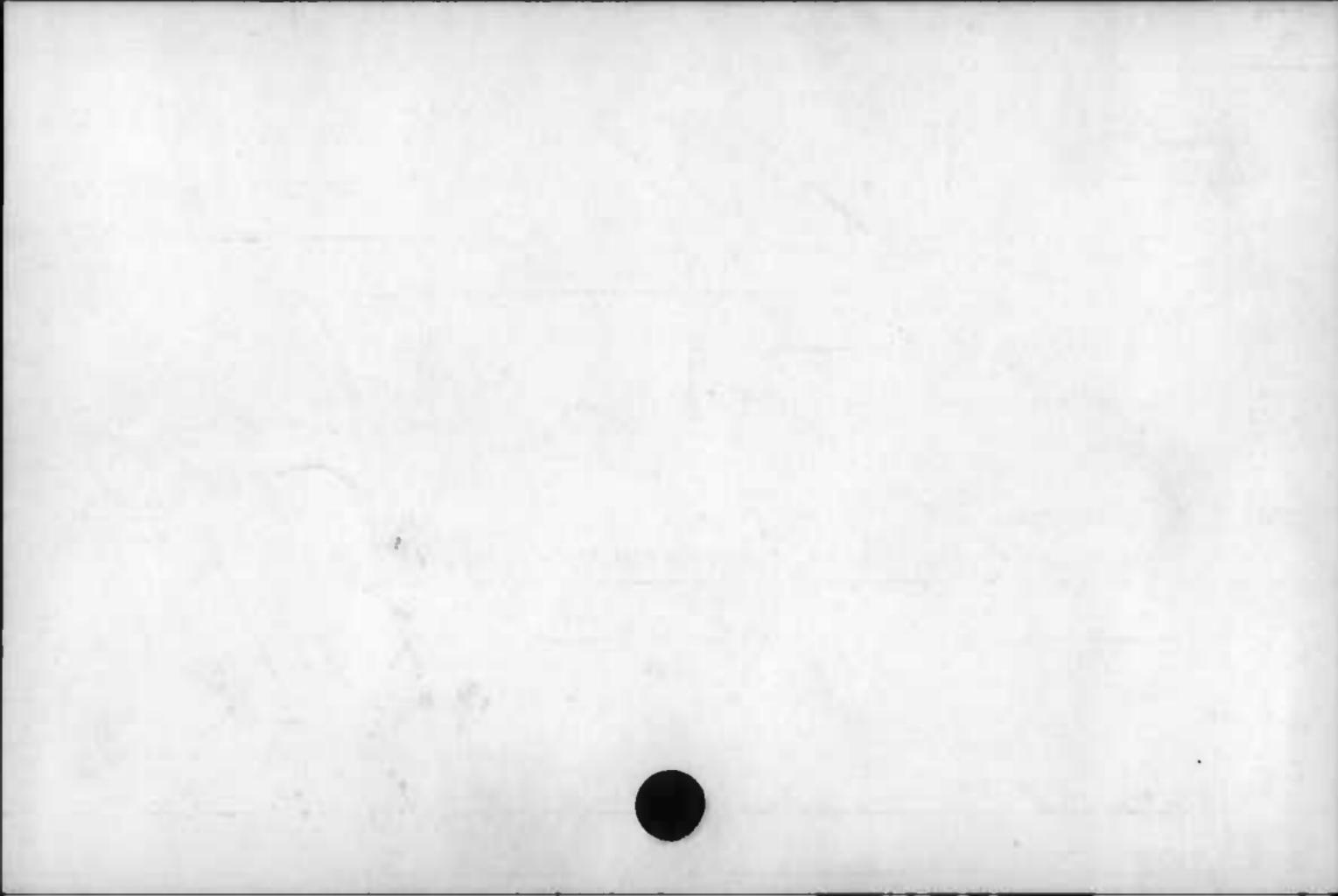
How long

1 or 2 mos

How long

1 day

Primary <u>Age & Gastroenteritis</u>	Immediate <u>Thiamine</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	
Signature of Physician <u>John Broadbent</u>	
Address <u>604 Broadbent So Cumberland</u>	
Accident or Suicide? <u>No</u>	



Name
in
Full

John H. Lyons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death	Month	Day	Years	Month	Day
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	144 Walnut St			
Father's Name	Amanda R Moreland				
Mother's Maiden Name	Dont Know				
Name of person giving information	Samuel E Lyons				

CAUSES OF DEATH

120

How long

6 month

How long

4 week

PHYSICIAN
OR CORONER

Primary

Bright's Disease

Immediate

Heart Trouble

Are the name, age, sex, color, date and place correctly given above?

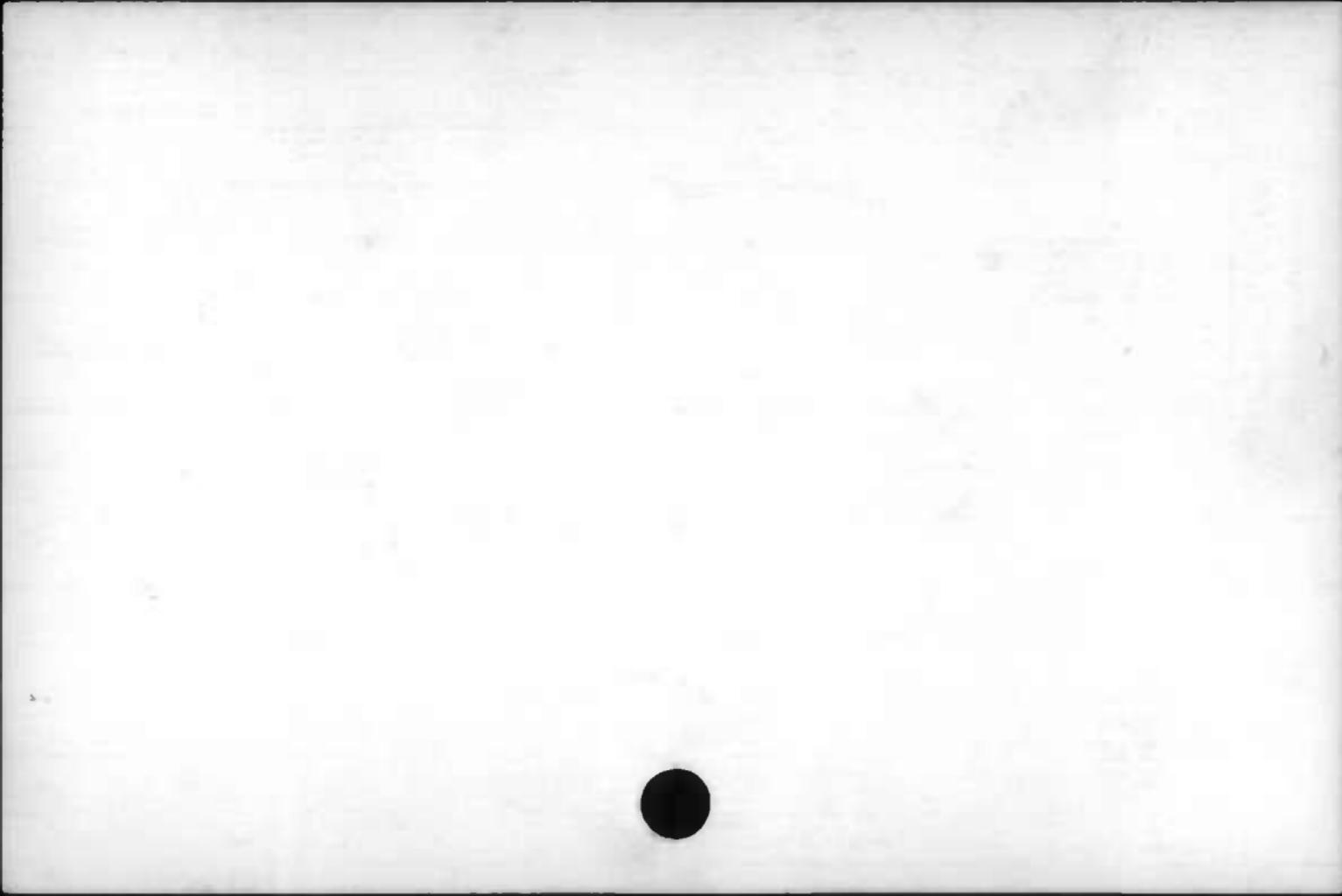
Signature of Physician

Daw Daw
Steve

Address

H. K. Charles M.D.
2915 Indian St.
Cumberland

Accident or Suicide



Name
in
Full

Horace R. McCleary -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1908	Month 10	Day 4	Years 89	Months 6	Days 24
Sex	Male	Color or Race	Age		Birthplace	Unknown
Occupation	Engineer	Where Residing if not at place of death		Cumberland		
Married, Single or Widowed	Married	Name of Wife or Husband	Harry E. Ely		Father's Birthplace	Unknown
Father's Name	Abraham McCleary				Mother's Birthplace	York Co. Pa
Mother's Maiden Name	Catherine Raybaugh				How related to deceased	Mother
Name of person giving Information	Mary C. McCleary				166	How long

CAUSES OF DEATH

Primary

struck by locomotive

Immediate

shock following injury

Are the name, age, sex, color, date and place correctly given above?

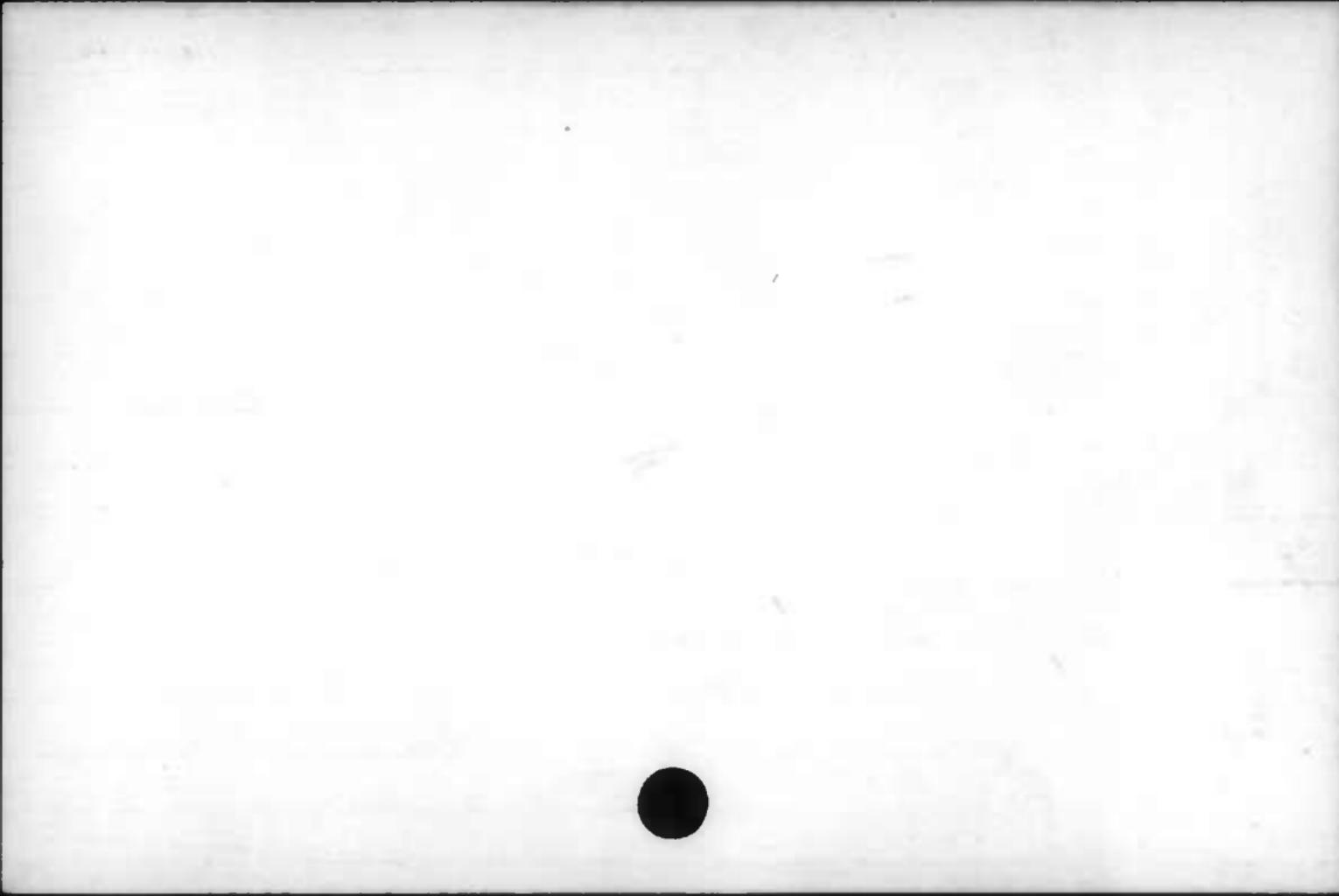
Signature of Physician

H. L. Staile M.D.

Address

291 Mechanic St
Cumberland Md

Accident or Suicide



Name
in
Full

Mary Catherine Muhr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town		County		MARYLAND	
Date of death	Month	Day	Years	Month	Day
1908	Oct	12	Age	14	—
Sex	Female	Color or Race	White	Birth- place	Cumld.
Occupation	None				
Married, Single or Widowed	Name of Wife or Husband		Where Residing if not at place of death		
Single	None		None		
Father's Name	John Muhr				
Mother's Maiden Name	Mary Hipselmaier				
Name of person giving Information	John Muhr				

CAUSES OF DEATH

Primary

diphtheria

9

How long

10 days

Immediate

Paralysis of Heart

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Yes

John Muhr
Cumld.
Md.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County			
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death			Birth-place	Residence
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Sam Moran (deceased)			Father's Birthplace	Belmont
Mother's Maiden Name	Bridget Hogan			Mother's Birthplace	Conowing
Name of person giving Information	Mrs. Sam Moran			How related to deceased	Mother

CAUSES OF DEATH

27

Primary Pulmonary tuberculosis

Immediate Infection

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Guy Francis Moreland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town Cumberland.	County Allegany.	MARYLAND		
Date of death	Month Oct.	Day 16	Years —	Months 3	Days —
Sex	Male	Color or Race White	Birth-place Cumberland		
Occupation	now.	Where Residing if not at place of death —			
Married, Single or Widowed	—	Name of Wife or Husband —			
Father's Name	Francis B Moreland	Father's Birthplace Md			
Mother's Maiden Name	Virginia Griffen	Mother's Birthplace Cumberland			
Name of person giving Information	Virginia Moreland	How related to deceased Mother			

CAUSES OF DEATH

93

How long

8 days.

How long

24 hours

PHYSICIAN
OR CORONER

Primary

Pneumonia

Immediate

Exhilaration infection

Are the name, age, sex, color, date
and place correctly given above?

yes

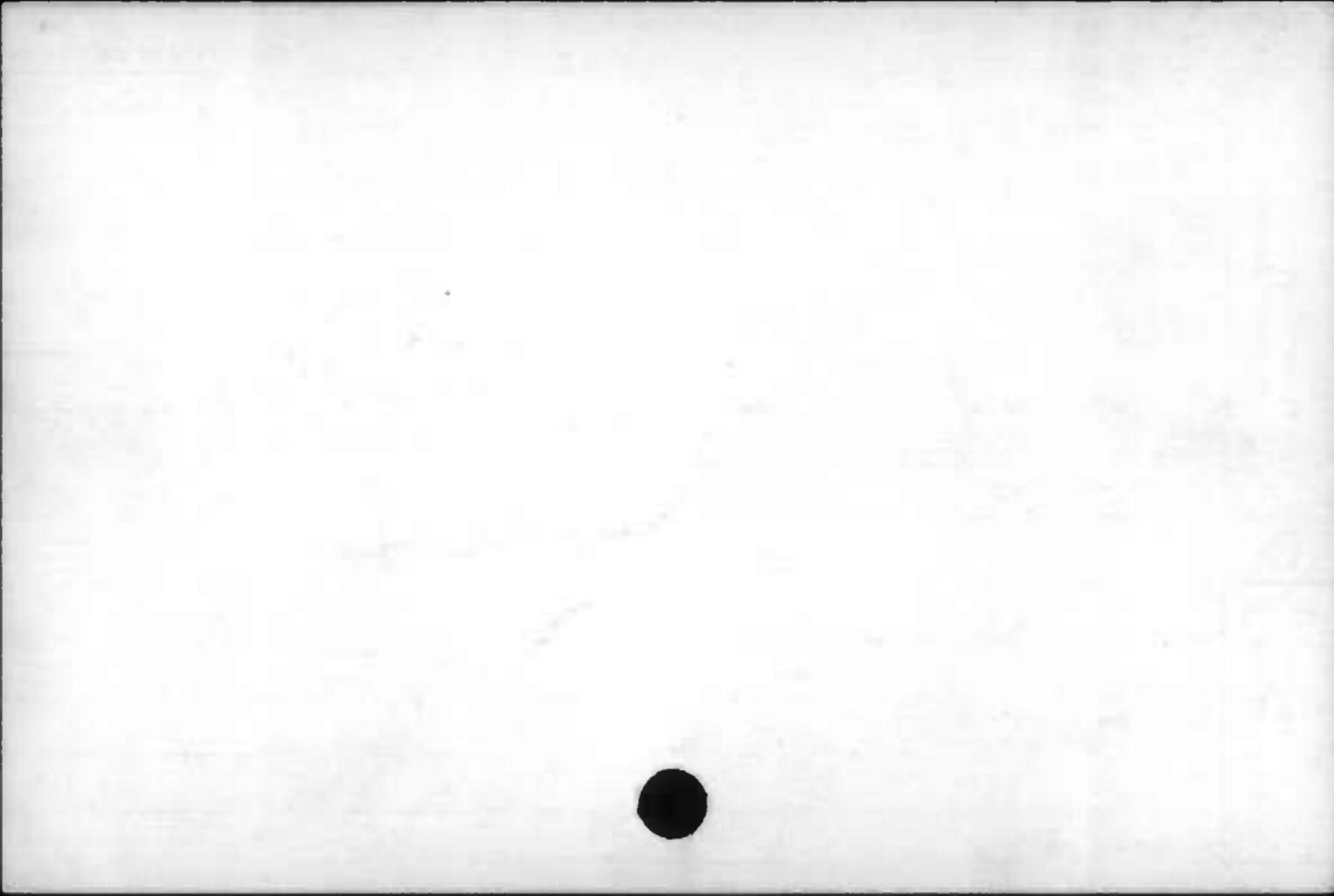
Signature of
Physician

Address

F. L. Barnard

Stein

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Dennis A Perrine

County

MARYLAND

Town

Died at

Cumberland over gauge

Month

Day

Years

Months

Deys

Date
of death

1908

10

2

62

Sex
Occupation

Male

Color or
Race

White

Birth-
place

Flintstone

Married, Single
or Widewed

Married

Name of Wife or
Husband

Where Residing if not
at place of death

Cumberland

Father's
Name

Ernest

Father's
Birthplace

-

Mother's
Maiden Name

Mary Charnay

Mother's
Birthplace

-

Name of person giving
Information

Willis Perrine

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Hysterical nephritis

120

How long

3 yrs

Immediate

Exhaustion

How long

2 yrs

Are the name, age, sex, color, data
and place correctly given above?

Signature of
Physician

Address

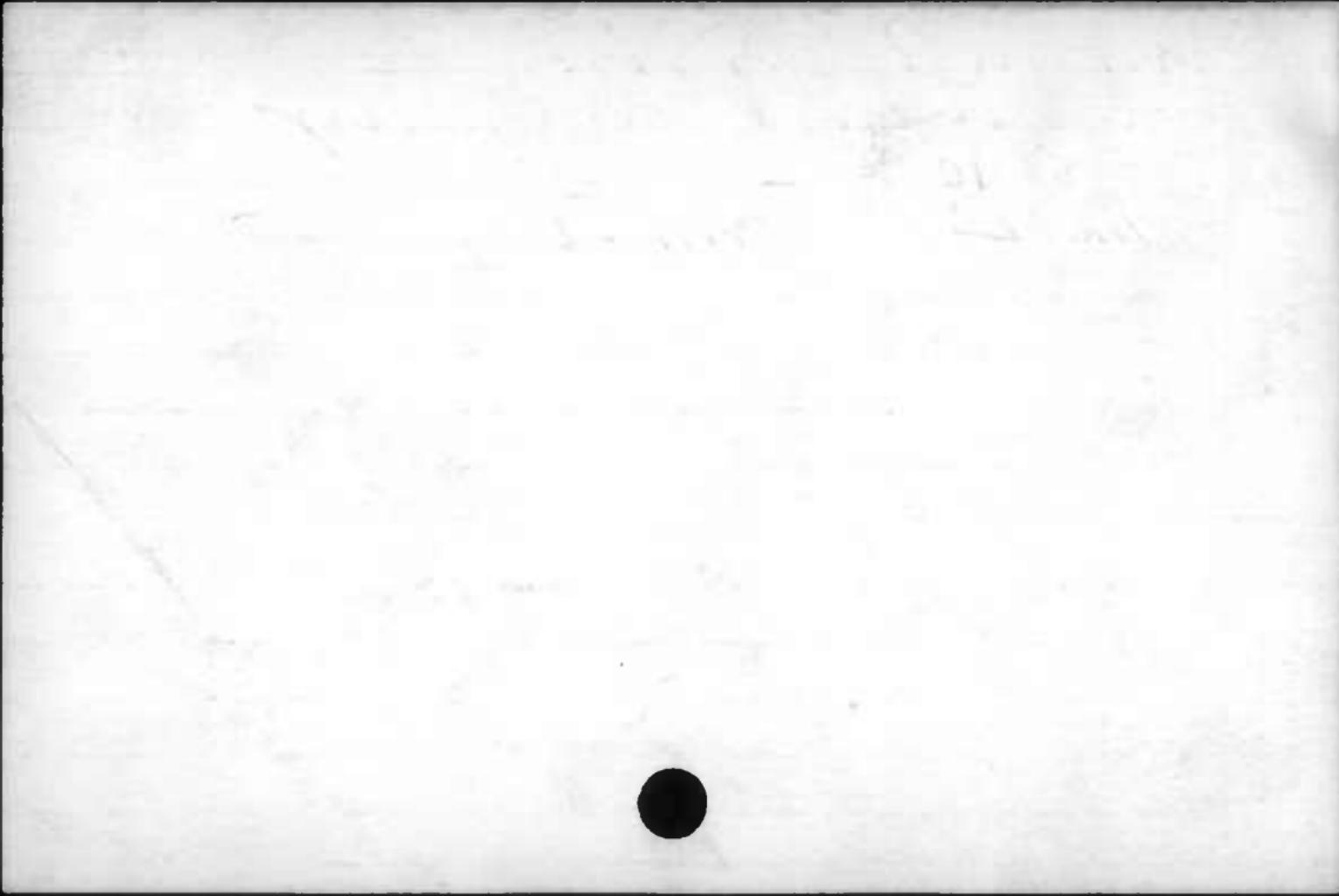
Yes

G. L. Board
Cumberland
Maryland

Accident or Disease

Heather

PHYSICIAN
OR CORONER



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

✓
PHYSICIAN
OR CORONER

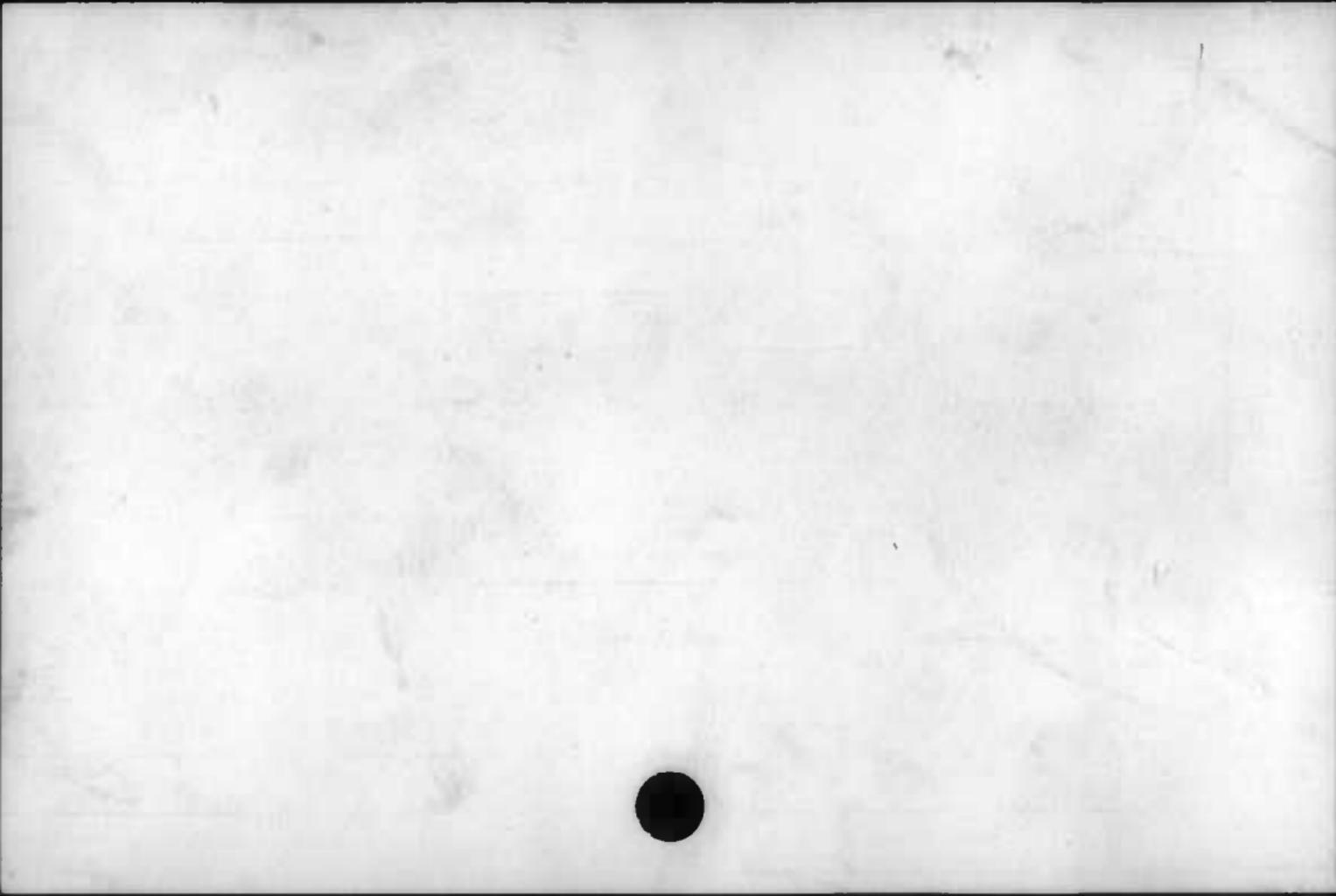
Richie

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1908	Month Oct	Day 21	Age	Years	Months	Days
Sex	Female	Color or Race	white	Birth-place	Md		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Herman H. Richie						
Mother's Maiden Name	Mary Blanche Cassidy						
Name of person giving information	Maud Parsons						

CAUSES OF DEATH

Primary	Premature Birth ^{at} 8" Month ^{first} about ^{1/2} lb	How long	1 day
Immediate	Exhaustion from extreme weakness	How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Geo. H. Broadhurst
		Address	Cumulon, Md
Accident or Suicide?		No	



Name
in
Full

Charles A Rice.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at near Cumberland		Town alleg.		County		MARYLAND	
Date of death 1908	Month Oct	Day 16	Age 58	Years —	Months —	Days —	
Sex Male	Color or Race white.			Birth- place Md			
Occupation Farmer	Where residing if not at place of death Md						
Married, Single or Widowed Married	Name of Wife or Husband Caroline Rice						
Father's Name Louis S Rice			Father's Birthplace Md				
Mother's Maiden Name Nancy Welsh			Mother's Birthplace Md				
Name of person giving Information Caroline Rice			How related to deceased Wife				

CAUSES OF DEATH

1

How long

How long

Primary

Typhoid - fever
Perforation of bowel

1 week

2 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

W. R. Hodges
Cumberland, Md.
Hodges

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

infant Rodenbauer.

934a.

uu

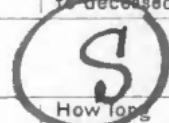
CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1908	Month Oct	Day 15	Age —	Months —	Days —	
Sex	Male	Color or Race	White	Birth-place	Lansdale		
Occupation	none	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband		none			
Father's Name	Albert Rodenbauer		Father's Birthplace			Md	
Mother's Maiden Name	Mary Goss		Mother's Birthplace			Md	
Name of person giving Information	Albert Rodenbauer		How related to deceased			Father.	

CAUSES OF DEATH

Primary

still Born



How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

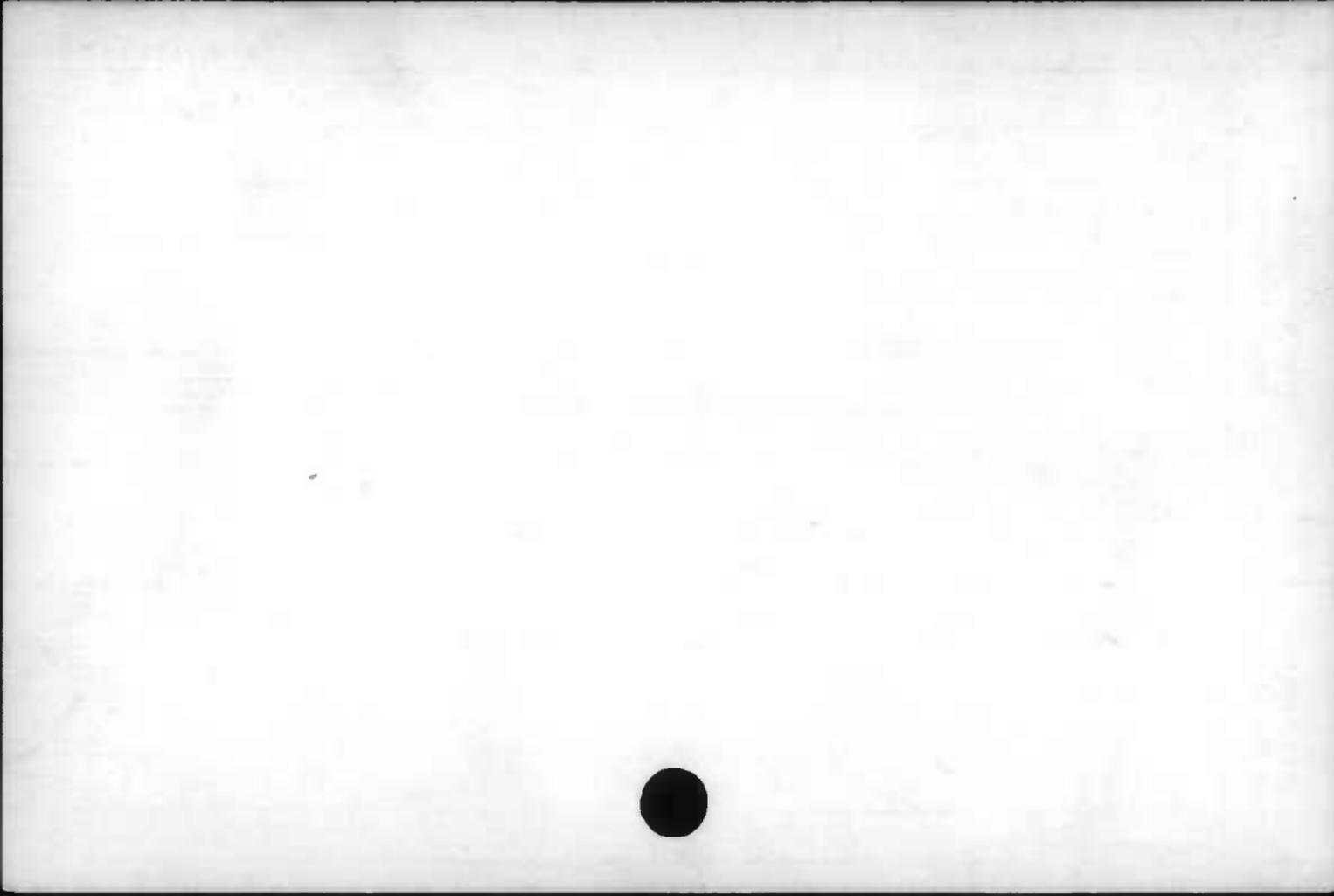
Address

Thos. A. Goss

stein

Accident or Suicide

Koon



Name
in
Full

James Henry Ross

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Deys
1908	Oct	7	-	-	1
Sex	Male	Color or Race	White	Birth-place	Md
Occupation	none	Where Residing if not et place of death	✓		
Married, Single or Widowed	Single	Name of Wife or Husband	none	Father's Name	Charles E. Ross
Mother's Maiden Name	Elizabeth Stey			Mother's Name	Elizabeth Stey
Name of person giving Information	Charles Ross			How related to deceased	Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Heart Failure

150

How long

Immediate

Cyanosis

1 day

1 day

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J. F. Ross, M.D.
Lancaster, Pa.
Md

LS

Accident or Suicide

330 N Center St

Name
in
Full

John B. Ross

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County		
Died at Barton	Allegany		
Date of death 1908	Month Oct	Day 8	Year 19
Age 19	Montha 8	Days 9	
Sex Male	Color or Race white	Birth-place Alleg. Co	
Occupation Miner	Where Residing if not at place of death ✓		
Married, Single or Widowed Married	Name of Wife or Husband Ida V. Garlitz	Father's Birthplace	Gantt Co
Father's Name John P. Ross		Mother's Birthplace	Alleg
Mother's Maiden Name Emma W. Murphy		How related to deceased	Brother
Nams of person giving Information George Ross			

CAUSES OF DEATH

1

How long

five weeks

How long

PHYSICIAN
OR CORONER

Primary

Typhoid fever

Immediate

Are the name, age, sex, color, date and place correctly given above?

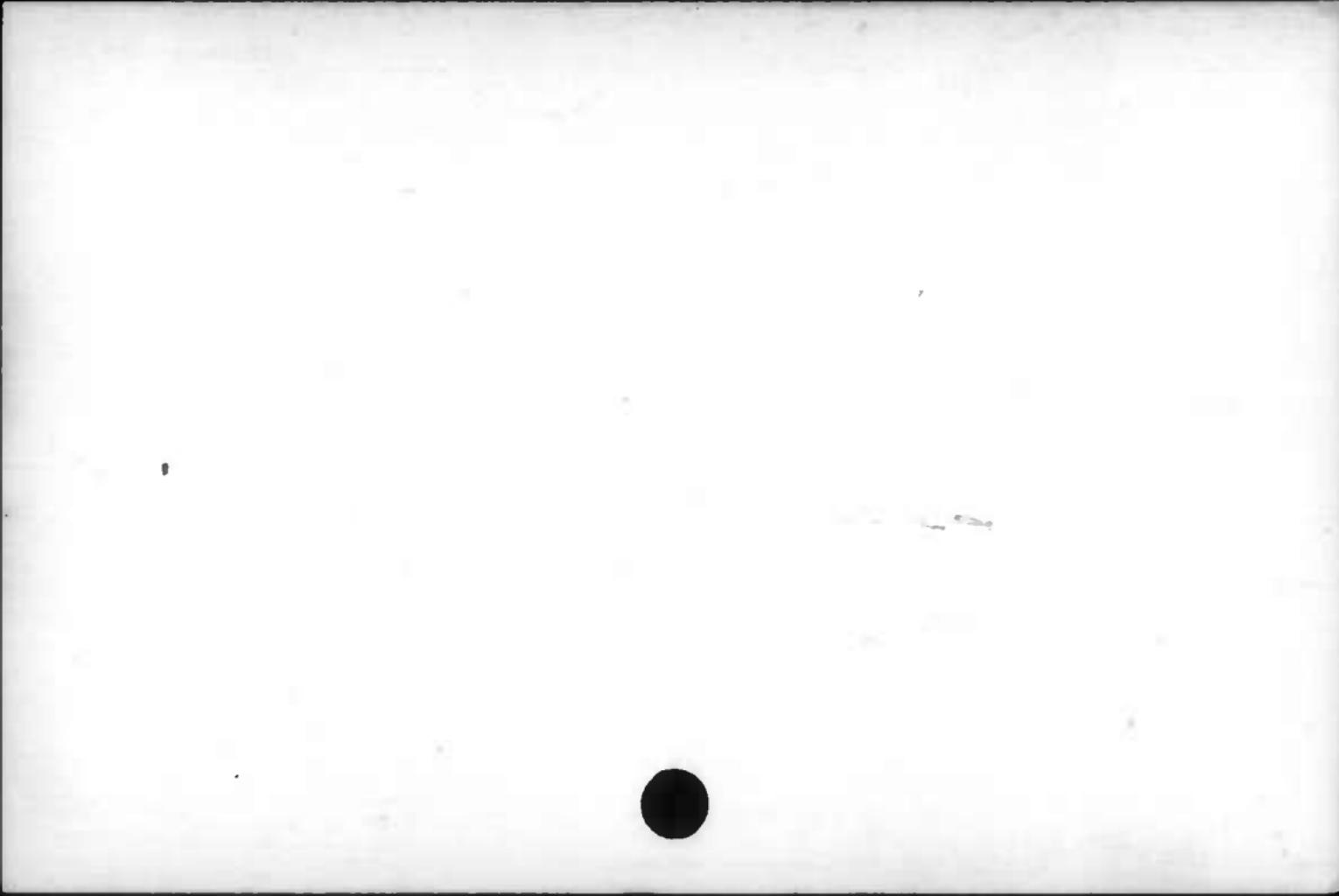
Yes

Signature of
Physician

Address

John B. Ross
Barton

Accident or Suicide



Name
in
Full

Emma Ellen Rose
Town Allen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at	6200	Town	County			
Date of death	1908	Month	Day	Years	Month	Days
Sex	Female	Color or Race	White	Birthplace	Md	
Occupation	Hausfrau	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Samuel A Rose	Father's Name	Solomon Warrenfeltz	Md
Mother's Maiden Name	Mary Easterday	Mother's Birthplace	Md			
Name of person giving information	Samuel A Rose	How related to deceased	Brother			

CAUSES OF DEATH

79

Primary

Organic Heart Disease Sudden

Immediate

How long

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

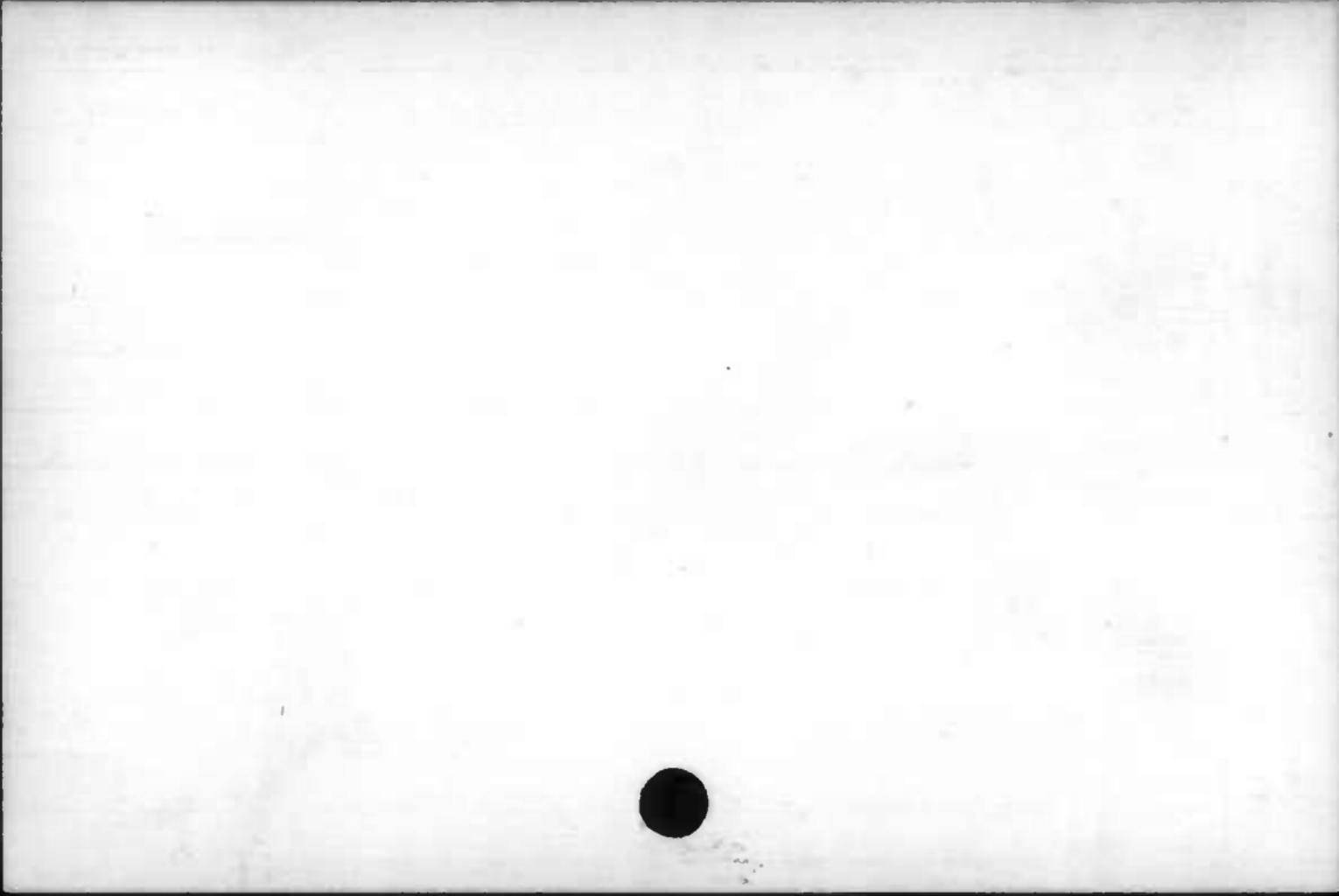
Paul R. Haas

Gruber Street
Koon Md

Stein Boonsboro Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Harry Langston
Cumulalund alleg.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town County MARYLAND
Cumulalund Alleg. Month Month
Date of death 1908 Oct. 20 Age - 3 Days -
Sex Male Color or Birth-place Cumulalund
Occupation None Where Residing if not at place of death
Married, Single Name of Wife or Husband Name
or Widowed Single Name
Father's Name Harry Langston Father's Birthplace Md
Mother's Maiden Name Mary Snyder Mother's Birthplace Md
Name of person giving Name of person giving information
Information Mary Snyder How related to deceased Mother

CAUSES OF DEATH

Primary

Indigestion

104

How long

3 mo

Immediate

Exhaustion

How long

3 mo

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

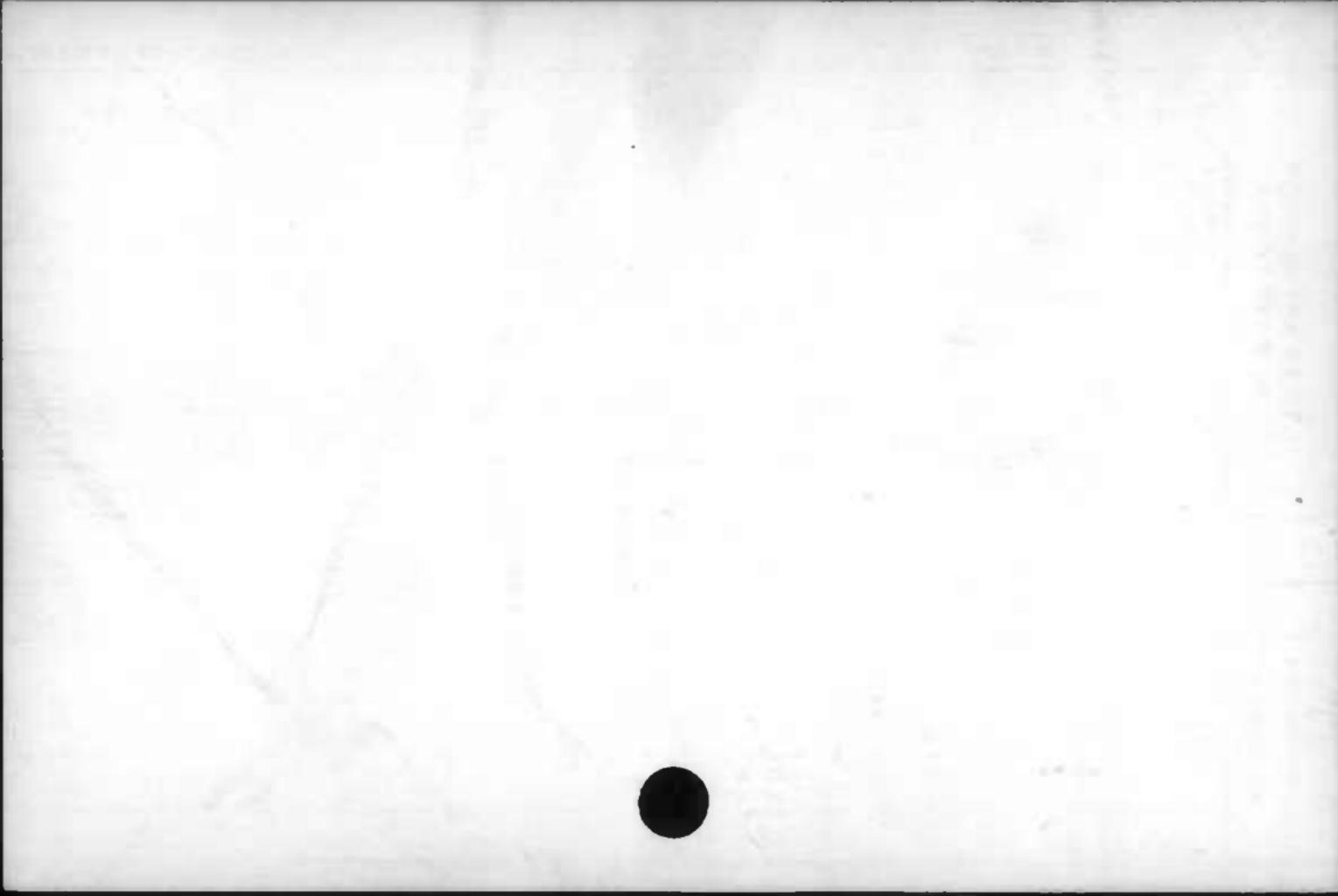
Address

True.

Th. Barbodoll

Barbodoll

Accident or Suicid



Name
in
Full

John Schermesser

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town

County

Died at
Cumberland

Allegany

MARYLAND

Date
of death 1908

Month

Day

Years

Oct. 3

Age 40

Month

Days

Sex Male

Color or
Race

White

Birth-
place

Cumberland

Occupation

none

Where Residing if not
at place of death

T. Mechanic St

Married, Single
or Widowed

Single

Name of Wife or
Husband

none

Father's
Birthplace

Germany

Father's
Name

Don't Know

Mother's
Birthplace

A.B. Md

Mother's
Maiden Name

Matelotie Simmons

How related
to deceased

Mother

Name of person giving
Information

Matelotie Schermesser

CAUSES OF DEATH

104

How long

Primary

found dead

How long

Immediate

acute Indigestion

Are the name, age, sex, color, date
and place correctly given above?

js

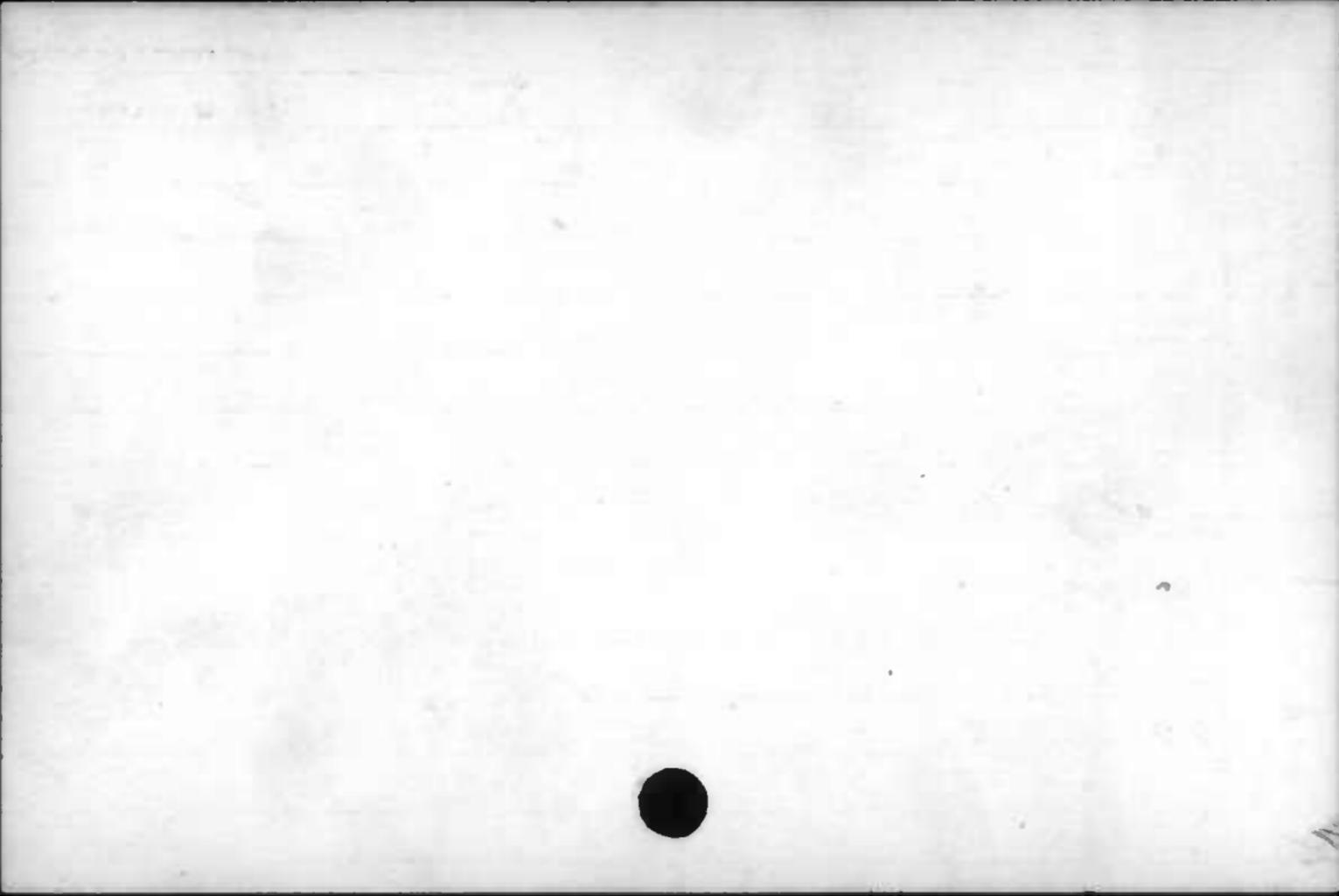
Signature of
Physician

Address

John Matz, Coroner
Cumberland Md

Stream

Accident or Suicide



Name
in
Full

August Henry Shaffer.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Cumberland		Alleghany				
Date of death	1908	Month Aug.	Day 18	Years Age	84	Months 4
Sex	Male	Color or Race	White	Birth- place	Germany.	
Occupation	Retired Engineer					Where Residing if not at place of death
Married, Single or Widowed	Widower	Name of Wife or Husband	Elizabeth Shaffer			
Father's Name	Do not Know					Father's Birthplace
Mother's Maiden Name	Do not Know					Mother's Birthplace
Name of person giving Information	George - Shaffer					How related to deceased

CAUSES OF DEATH

66

Primary

Paralysis

How long

6 days

Immediate

Exhaustion

How long

6 days

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

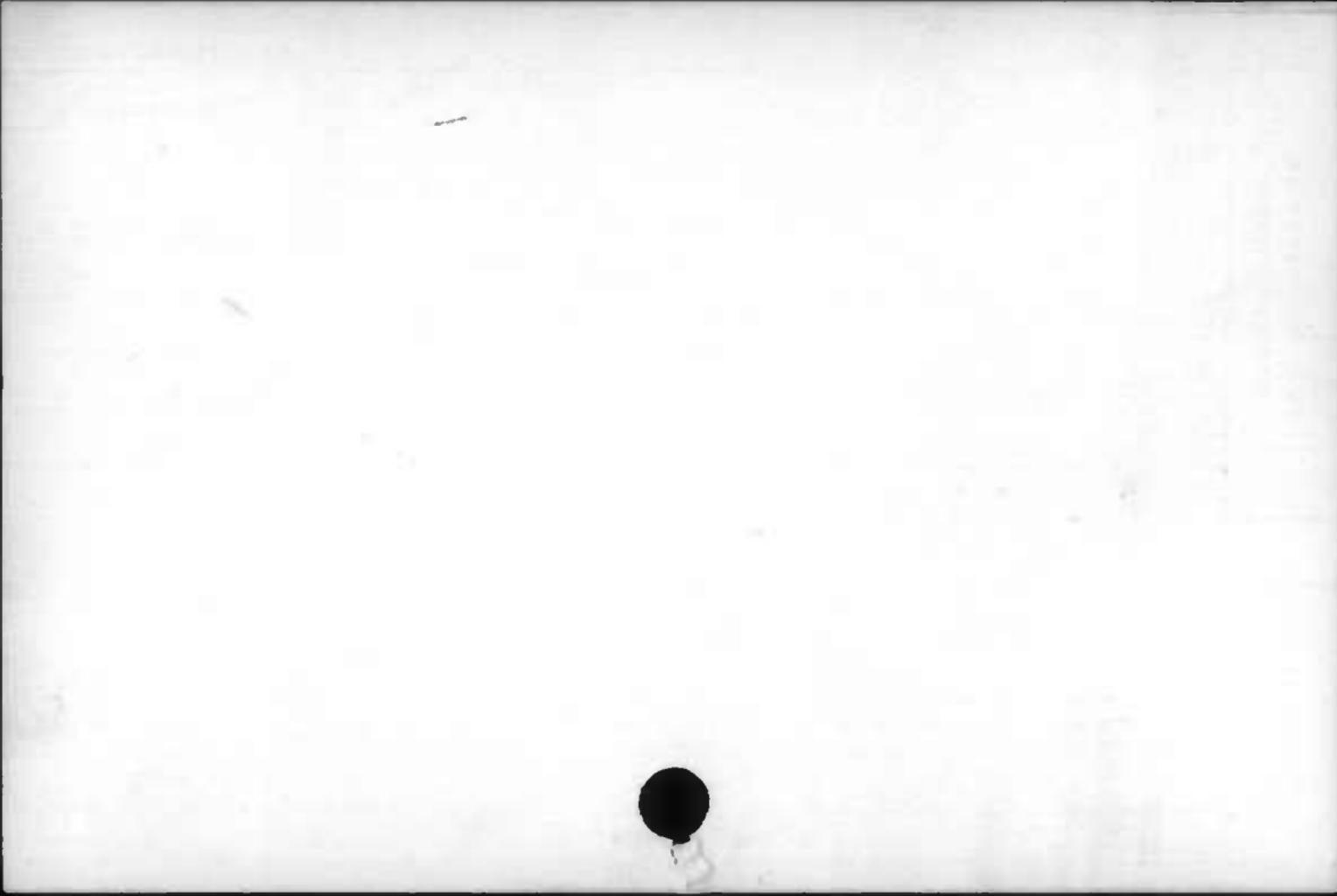
Steve

Address

14 Broad St
Cumberland
Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Sarah Gibson Shurwater

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Barton</u>		Town		County <u>Allegany</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Oct</u>	Day <u>14</u>	Age <u>76</u>	Years	Months <u>4</u>	Days <u>✓</u>	
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Clarksburg W. Va</u>					
Occupation <u>SAW</u>	Where Residing if not at place of death <u>✓</u>						
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Elijah S. Shurwater</u>	Father's Birthplace <u>England</u>					
Father's Name <u>John Gibson</u>	Mother's Birthplace <u>W. Va</u>						
Mother's Maiden Name <u>Lucinda Walker</u>	How related to deceased <u>Son</u>						
Name of person giving information <u>F. P. Shurwater</u>							

CAUSES OF DEATH

104

Primary

Chronic Gastritis

How long

About 2 years

Immediate

Emphysema

How long

two weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

S. A. Borden

Barton, Ind

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Martha Jane Skidmore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Midlothian</u>		Town	County <u>Alleghany</u>		MARYLAND		
Date of death <u>1908 Oct</u>	Month <u>Oct</u>	Day <u>21</u>	Age <u>Years</u>	Months <u>6</u>	Days <u>0</u>		
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Midlothian</u>					
Occupation <u>SA</u>	Where Residing if not at place of death <u>Midlothian</u>						
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband						
Father's Name <u>Louie Skidmore</u>			Father's Birthplace <u>Order Mine</u>				
Mother's Maiden Name <u>Velie Grent</u>			Mother's Birthplace <u>Midlothian</u>				
Name of person giving Information <u>Mr Frank Willis</u>			How related to deceased <u>Uncle</u>				

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary

Pneumonia

6 days
2 days

Immediate

Pneumonia

Are the name, age, sex, color, date and place correctly given above?

yes

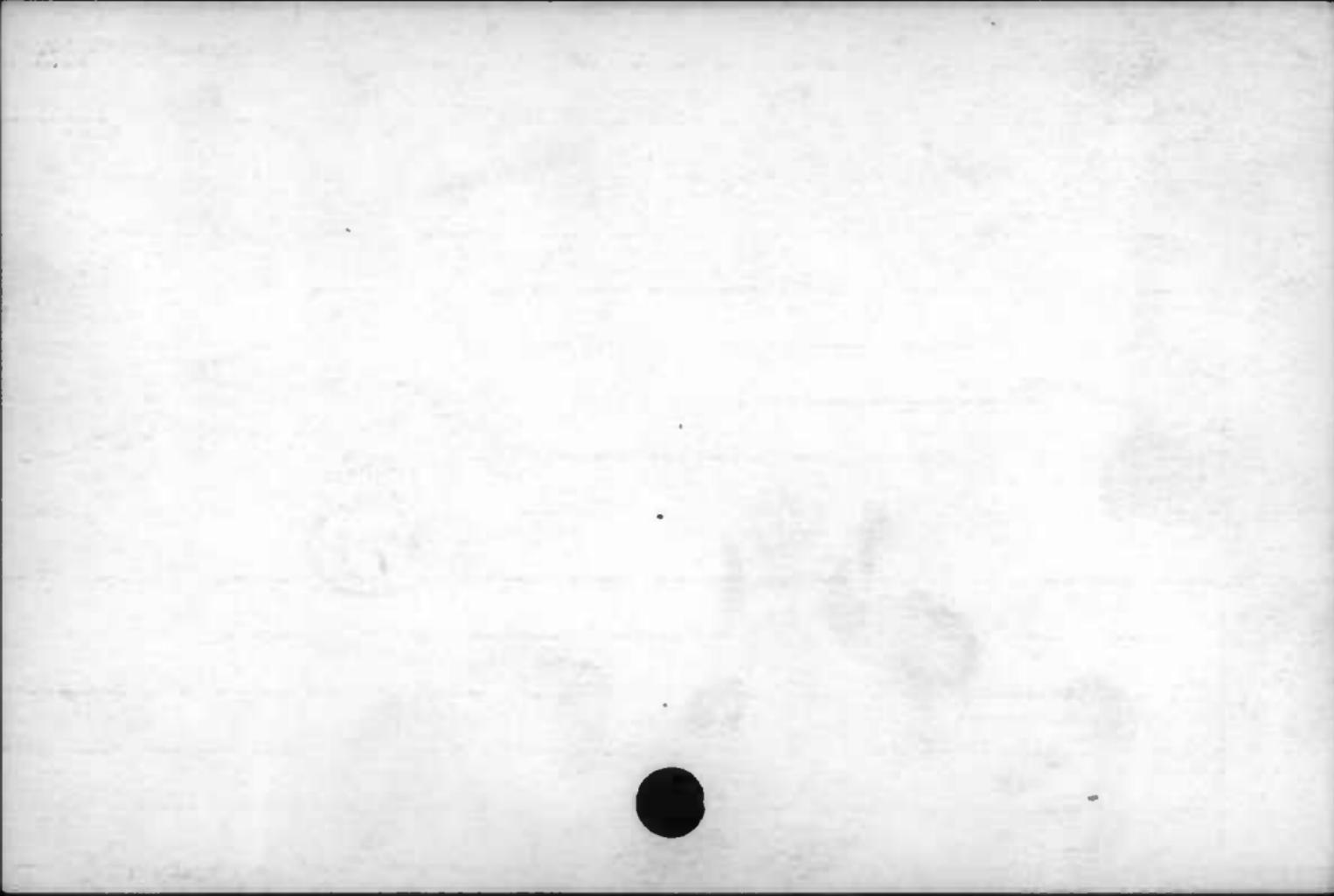
Signature of Physician

Dr. F. L. Palmer

Address

Midlothian
md.

Accident or Suicide?



Name
in
Full

Emma Susan Snyder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Where Residing if not at place of death			
Occupation					
Married, Single or Widowed	Name of Wife or Husband	Snyder, Dee			
Father's Name	John D Davis				
Mother's Maiden Name	Mary A Gruber				
Name of person giving information	Larry Davis				

CAUSES OF DEATH

Primary	Cancer of Stomach		How long
Immediate	Heart Failure		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr Chambers
		Address	McKeesport Pa
Accident or Suicide?			

PHYSICIAN
OR CORONER

J. F. Kreps
Wautaker

interred in Riverview Cemetery

Name
in
Full

William Trivigg

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Cumberland		Allegany		Months	Days
Date of death	1908	Month 10	Day 29	Age	1
Sex	Male	Color or Race	Le Plik	Birth-place	Cumberland Md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Singh	Name of Wife or Husband			
Father's Name	Norman Trivigg				
Mother's Maiden Name	Sara L. Hansroth				
Name of person giving Information	Norman Trivigg				

CAUSES OF DEATH

Primary

Exsanguination

151

How long

2 Mo

Immediate

Exhaustion

How long

203 days

Are the name, age, sex, color, date and place correctly given above?

W.H.S.

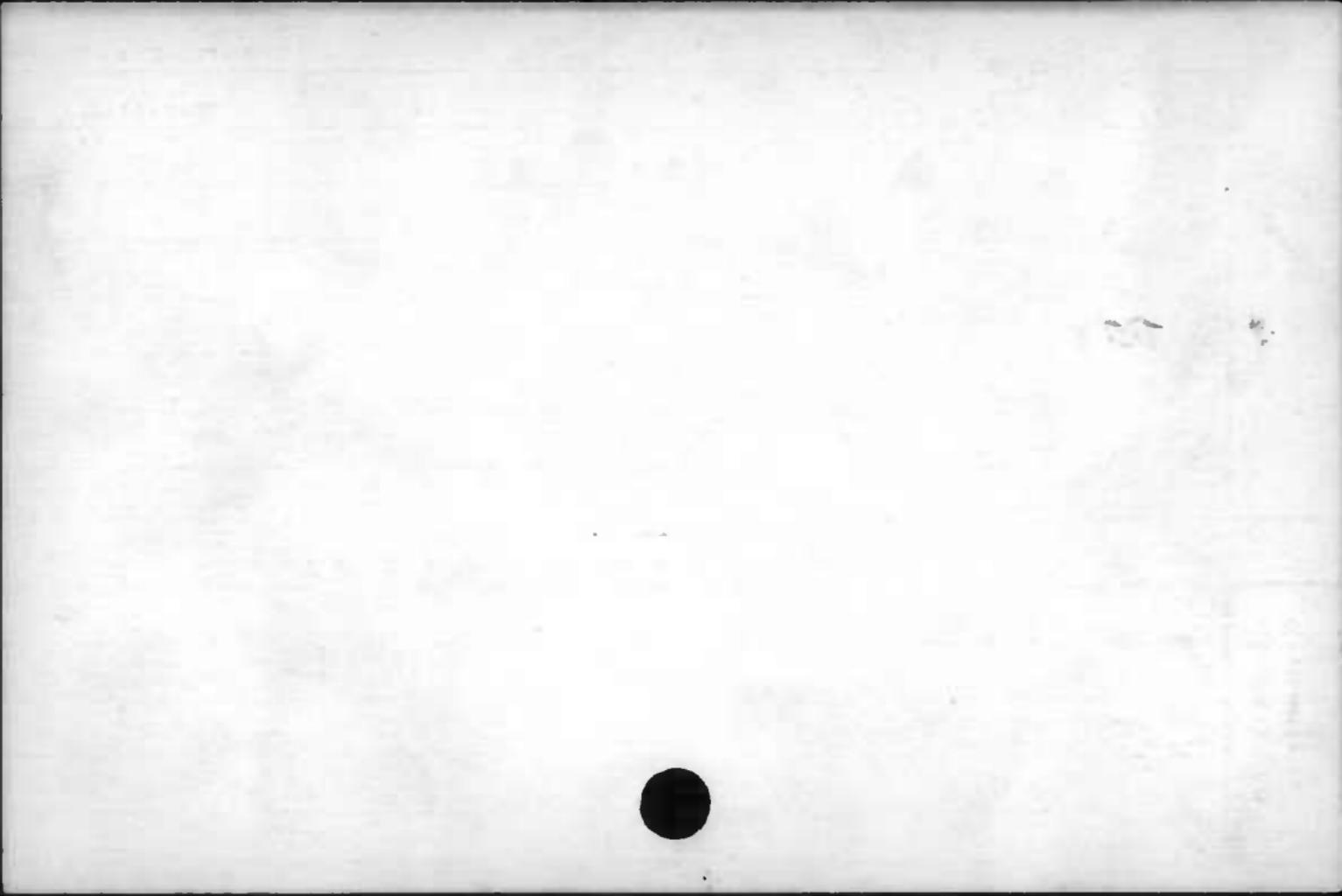
Signature of Physician

Address

W.F. Trivigg,
Cumberland, Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

lehas Vanneter

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Cresaptown		alleg				
Date of death	1908	Month Oct.	Day 26	Years	Age 24	Months
Sex	Male	Color or Race	White	Birth-place	md	Days
Occupation	Grocer	Where Residing if not at place of death			—	
Married, Single or Widowed	Single	Name of Wife or Husband	None	Father's Birthplace	West Va	
Father's Name	Jacoble Vanneter			Mother's Birthplace	Md	
Mother's Maiden Name	Annie Hentson			How related to deceased	Bro.	
Name of person giving Information	W. G. Vanneter					

CAUSES OF DEATH

Primary

Syphigianous
Chancery

1

How long

4 weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Accident or Suicide

Address

Flat 8th Board
Freechbushland
Koon

PHYSICIAN
OR CORONER

2 Brothers
1 Sister

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
1908	10	9	~	11			
Sex	M.	Color or Race	Age	~	Birth-place	Md.	
Occupation	Child		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	William Ware		Father's Birthplace			Maryland	
Mother's Maiden Name	Mary J Taylor		Mother's Birthplace			Maryland	
Name of person giving information	William Ware		How related to deceased			Father	

CAUSES OF DEATH

105

How long

100k.

PHYSICIAN
OR CORONER

Primary

Enter - Colitis.

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr H. M. Lane

Frostburg Md.

Accident or Suicide?

Hafer
McLuddy C.

Name
in
Full

Wilbur C. Weller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND		
Date of death	1908	Month Oct	Day 31	Years 1	Months 9	Days 1	
Sex	male	Color or Race	white				
Occupation	child						
Married, Single or Widowed	child	Name of Wife or Husband	Where Residing if not at place of death				
Father's Name	Joseph H. Weller						
Mother's Maiden Name	Mary Wertz						
Name of person giving Information	Col. Farmer						

CAUSES OF DEATH

Primary	Ptonain Poisoning (metal)		175
Immediate	Exhaustion & suffocation		7 days - 2 days -
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	7th Bassdell
Stein,	Address	Cumberland Md.	
Accident or Suicide	Hyndman		

The following table shows the
number of deaths from
the following causes in the
month of October.

186 Deaths
from
Geo. L. Leader
Cumberland

Oct Deaths

Name
in
Full

~~J H Sager~~ Wheat
~~near~~ near Cambridge, Allegany

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
1908	Oct.	3	Age 62	-	-	
Sex Male	Color or Race	White	Birthplace	Do not know		
Occupation	Where residing if not at place of death					
Telegraph Operator	-					
Married, Single or Widowed	Name of Wife or Husband	Do not know				
Widower						
Father's Name	Father's Birthplace					
Do not know	Do not know					
Mother's Maiden Name	Mother's Birthplace					
" "	Do not know					
Name of person giving information	How related to deceased					
Kelley - a friend	None -					

CAUSES OF DEATH

154

How long

Primary

Senile Dementia

3 mo

Immediate

Exhaustion

3 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

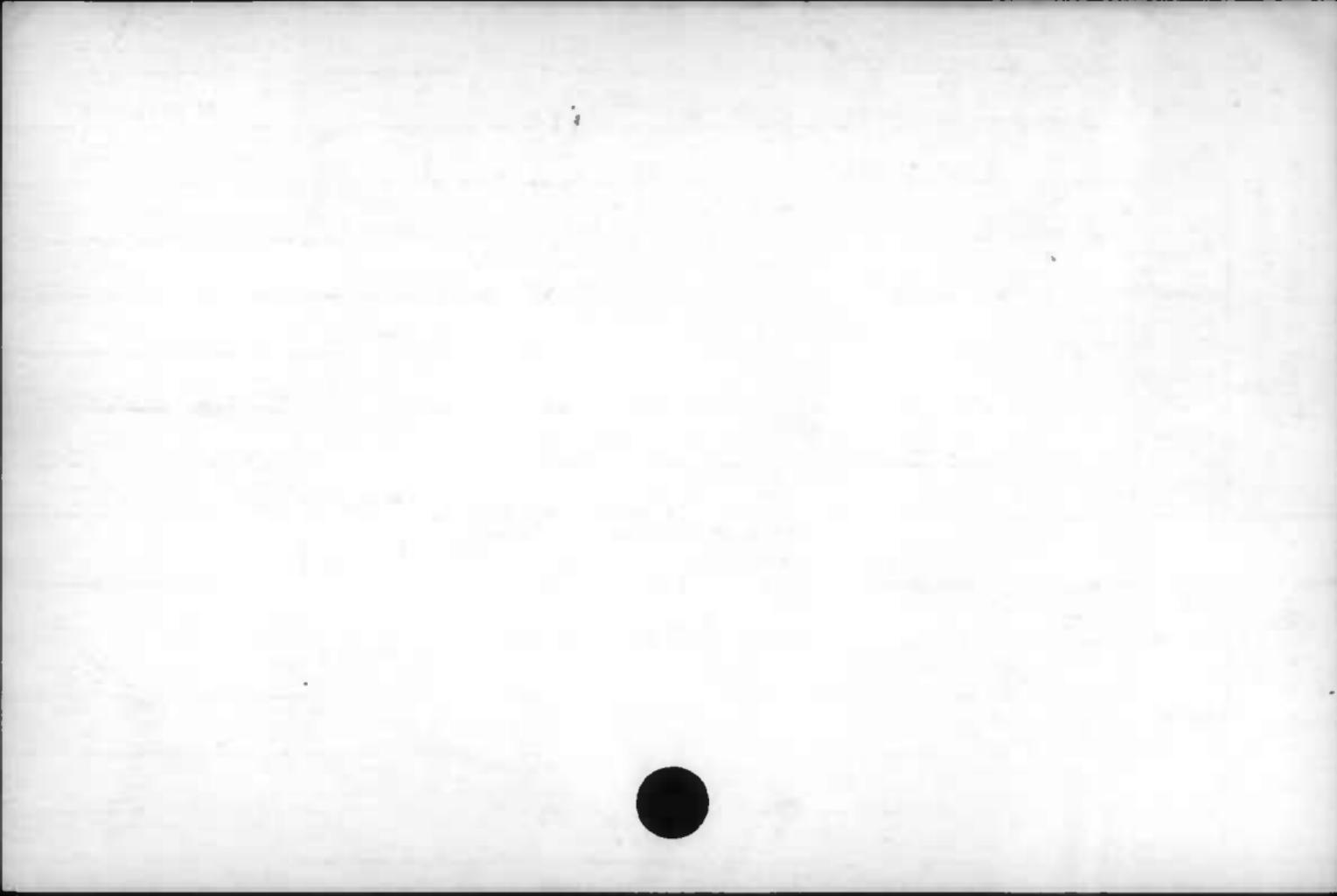
Dr. J. D. Tyrigg,
Cambridge
Md.

PHYSICIAN
OR CORONER

Accident or Suicide

no

LS.



Name
in
Full

Pearl C Widdow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Cumberland		alleg				
Date of death	190	Month	Day	Years	Month	Days
of death	8	Oct	23	Age 7	3	—
Sex	Female	Color or Race	White	Birth-place	Cumber.	
Occupation	None	Where Residing if not at place of death			—	
Married, Single or Widowed	Single	Name of Wife or Husband	None	Father's Birthplace	Md.	
Father's Name	Lawrence Widdow			Mother's Birthplace	Cumber	
Mother's Maiden Name	Clara Hensel			How related to deceased	Father.	
Name of person giving Information	Lawrence Widdow			(61)	How long	

CAUSES OF DEATH

Primary

Ch. Pneu. Meningitis

How long

1 yr 6 mo.

Immediate

Exhaustion

How long

12 hrs.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

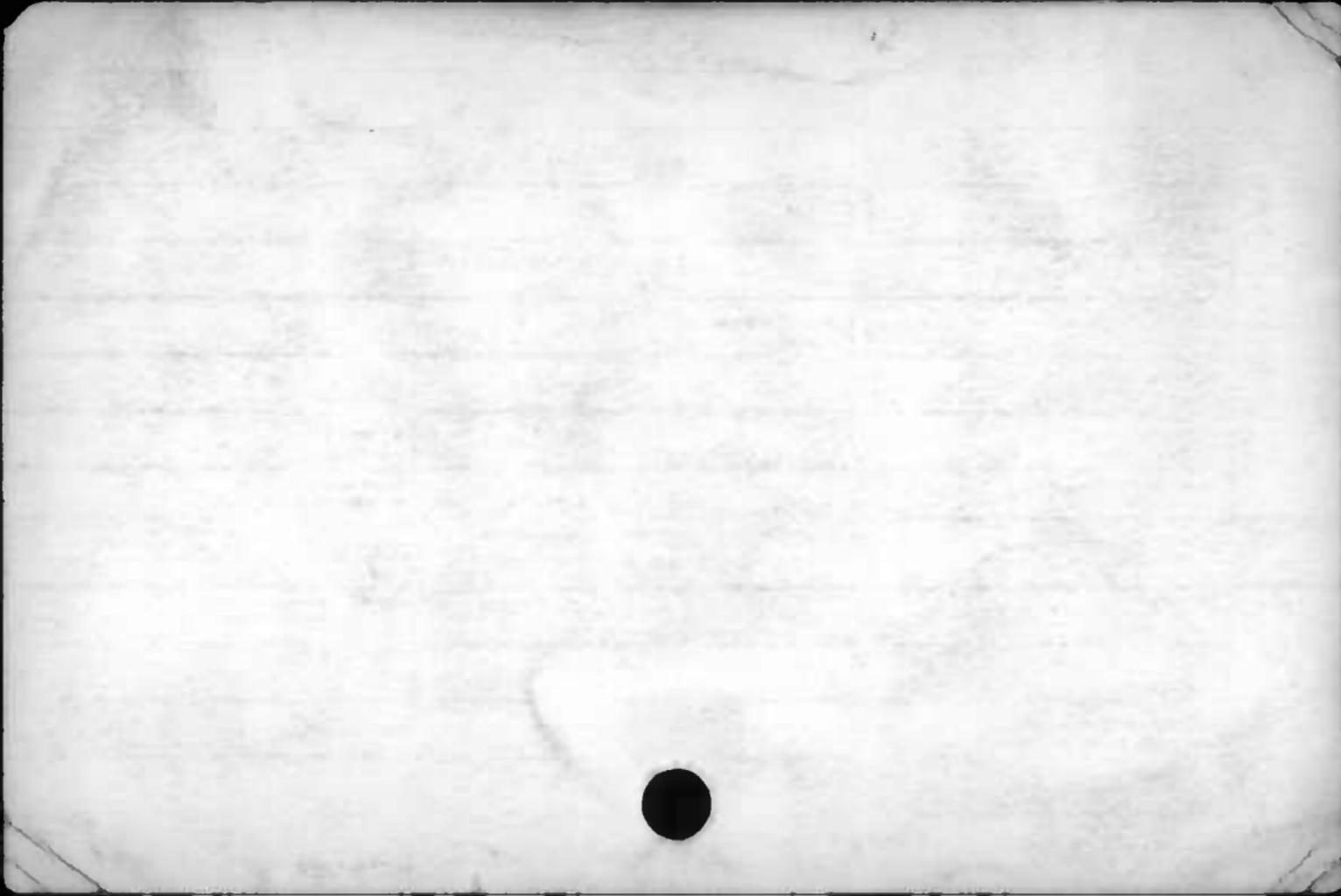
Address

Edward Harris
Cumberland
Md.

PHYSICIAN
OR CORONER

Accident or Suicide

no



Name
in
Full

John H. B. Wilson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place		
Occupation	Motorman			Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Margaret Crook			
Father's Name	Joseph Wilson			Father's Birthplace	Maryland	
Mother's Maiden Name	Eliza Gallagher			Mother's Birthplace	Maryland	
Name of person giving information	John R. Wilson			How related to deceased	Brother	

CAUSES OF DEATH

27

Primary	Tuberculosis of lungs		
Immediate	Asthma		
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	A. R. Walker, M.D.
		Address	Frostburg
Accident or Suicide?			

PHYSICIAN
OR CORONER

Bafer
McLucky C

Name
in
Full

George W. Wolf

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

own County
Died at Cumberland Allegany MARYLAND
Date of death 1908 Month Oct. Day 15 Years 65 Months — Days —
Sex Male Color or Race White Birth-place Cumberland
Occupation Carpenter Where Residing if not at place of death —
Married, Single or Widowed Married Name of Wife or Husband Emma Wolf
Father's Name Hiram Wolf Father's Birthplace Md
Mother's Maiden Name Catherine Weinor Mother's Birthplace Cumberland
Name of person giving Information Emma Wolf How related to deceased Wife

CAUSES OF DEATH

79

How long

How long

Primary

Organic disease of heart two or three years

Immediate

bad day

same month

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

George W. Wolf
Cumberland Md.

PHYSICIAN
OR CORONER

Accident or Suicide

care for Mrs. Storch #71.

Reverend Hayes -

Name
in
Full

Adam Zink

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Emmetsburg County Allegany MARYLAND

Died at Emmetsburg Month Oct. Day 15 Years 65 Months 1 Days 0

Date of death 1908 Sex Male Color or Race White Birth-place Germany

Occupation Stationary Engineer Where Residing if not at place of death -

Married, Single or Widowed Widower Name of Wife or Husband Lenna Zink

Father's Name Adal Zink Father's Birthplace Germany

Mother's Maiden Name Do not know Mother's Birthplace Germany

Name of person giving Information John Zink How related to deceased Father

CAUSES OF DEATH

61

How long

15 days

How long

two days

PHYSICIAN
OR CORONER

Primary

Acute Meningitis

Immediate

Convulsions

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

John Zink
Emmetsburg

Accident or Suicide

